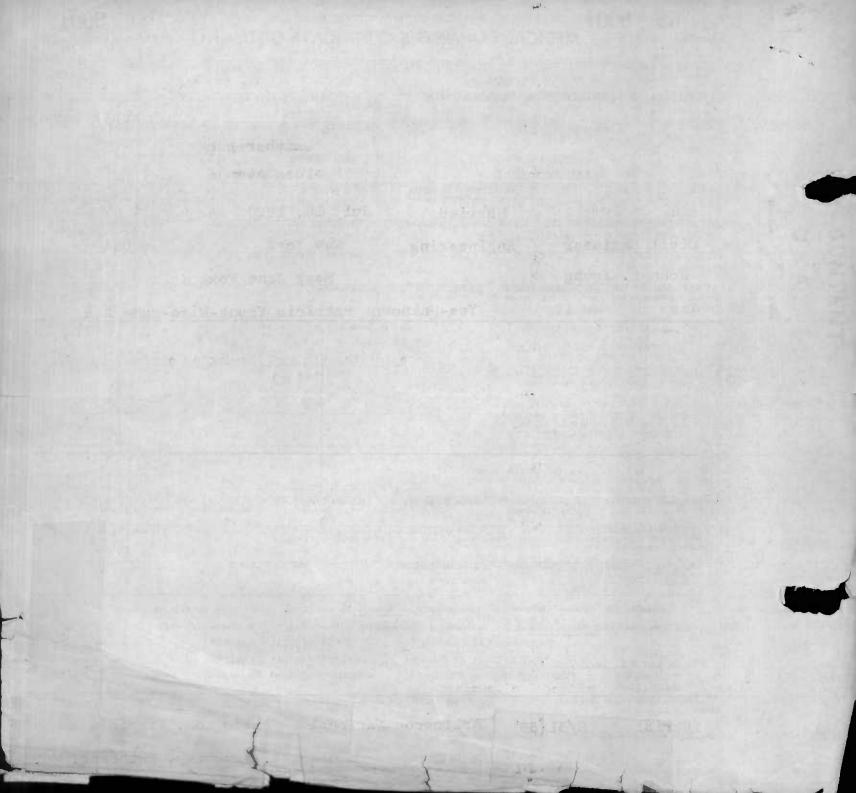


Robert A. Pumphrey, Bethesda, Md.



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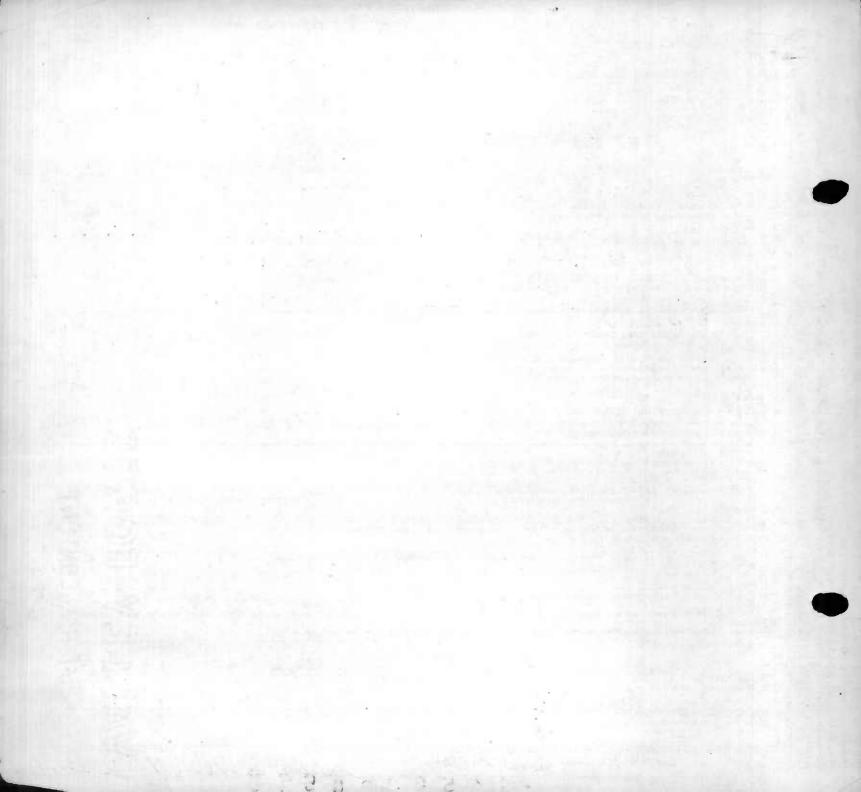
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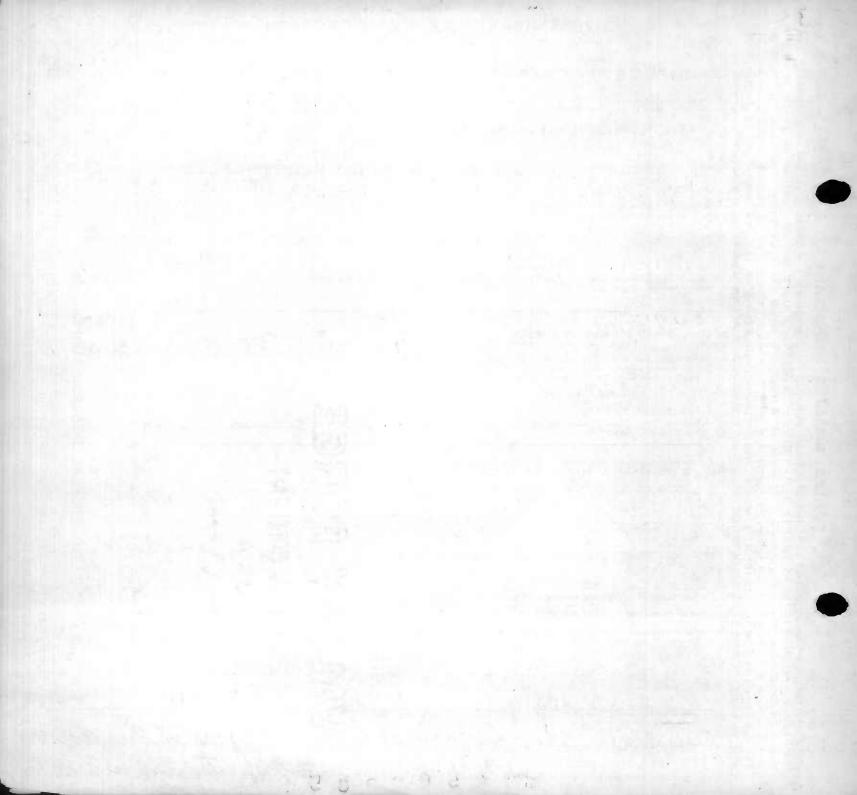
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Stanley Stanislaus M. Rawinisz August 31, 1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A. STATE
B. COUNTY (If not in hospital or institution, give street FULL NAME OF Maryland HOSPITAL OR If outside city limits, write RURAL and give township) oddress or location) INSTITUTION Stenhengville Church Home & Hospital D. STREET ADDRESS (If rural, give location) Rt. 1 Box 68 made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdov Hours White ngle Male 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Soft Drink Mfr. Maryland S. A. Baltimore. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John V. Rawinisz Catherine Rybarczyk 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. TEVENSVLLE Edward Rawinisz Rt. 1 Bex 68 World War CAUSE OF DEATH 10 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meen the mode of dying, emba heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 CONDITION FOR WHICH OPERATION 9A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY While At Not While [(APPROX) Work At Work 22. I certify that (1) (this hospital) ottended the deceased from that (1) (we) lost saw the deceased alive on... ond that in (my) (our) opinion death accurred on the date ond hour ond from the couses stoted obove. (!) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Med. Stoff approval Phys. Director Phys. C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24C NAME OF CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Stanislaus Baltimore. NAME OF RECISTRAL 25C. FUNERAL DIRECTOR 25A. DATE RECO VS 150-REV. 1/1/65



IMPORTANT

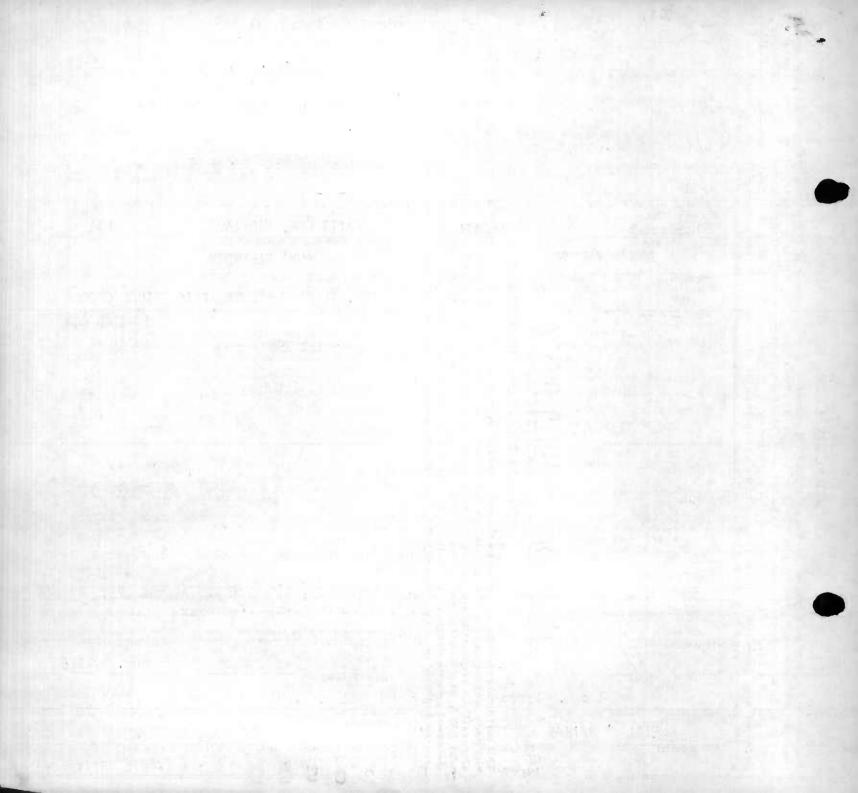
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FUNERAL DIRECTOR: IMPORTANT

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	PE or Print)	FEDDI	ER, EL	I		_	ND HOUR OF DEATH	
3.	PLACE OF DEA	TH IN BALTIMORE,			4. USHAL RESID	Aug.	29,1965	11:25 P M. nstitution: residence before admission)
					A. STATE	B. COU	NTY	2 4
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION					Maryla		uteide city limits write	RURAL ond give township)
St. Joseph Hospital				Baltim		21208		
				D. STREET ADD	RESS ()	rurol, give location)	22200	
	'				7510 P	rince	George Road	5 3-01
		6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male	White	M	arried OF BUSINESS OR INDUSTRY	12-23-0	1	60	
		orking life, even if retire		OL BOZINEZZ OK INDOZIKI				12. CITIZEN OF WHAT COUNTRY?
_	Pharmacis		K	RETAIL	BALTIMO			USA
3.	FATHER'S NAM	SEPH FEDDER	,		14. MOTHER'S N			
-						NNA KI	EINMAN	
5. Ye:	Was Deceased s, no or unknown)	Ever in U.S. Armed (If yes, give wor or d	Forces? lotes of servic	e) SECURITY NO.	17. INFORMANT			ADDRESS
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		NTECEDENT CAUS		(B)	Bronchial	Asthm	a	
	DISEASES OI rise Ia Ihe UNDERLYING		~~~~	**************************************				
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	21 A. ACCIDEN	T WAS UNDERLYING	•	218. PLACE OF INJURY (e.g., in	None	IERE DID	(If in Boltimor	e City, give exact location)
CAL		medical examiner)		etc.)	nee sieg., itts o ki	OCCOR.		
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				. (1) (୫୫) (did) (ଅଫୋରର v				mon death accurred an the date
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	/	Ino m.	Yay	O-CO M.D. Atte	nding M	ed.	Stoff Phys.	Aug.29,1965
	23C. PHYSICIAN NAME (Ty		1009		23D. ADDRESS	rector	rnys. eac	3446.27,3270)
	NAME (Ty	Elmo M.	Gayoso	, M.D.	1400 1	I. Car	oline Street	- 21213
4 A	BURIAL CREM REMOVAL (SE BURIA	ATION, 24B. DATE	24C	NAME OF CEMETERY OF CRE		24D. I		ity, town, or county) (State)
		1 1 0	1			WIL	THE PROPERTY OF THE PARTY OF TH	V/ L/VVV
5A	. DATE REC'D	Y HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERA			4 MM Bass
.5A	DATE REC'D		258. NAM	& E Tarbey M.R.	SOL LE			



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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	WEDI	CAL EX	CAMINER'S C	EKTIFIC.	A I E OF L	EATH Register	ed No. Dil Dillo
M.E. CASE N							
(Type or Print)	milks	1UEL	COHEN (KAH	N)	2. DATE AND	HOUR PRONOUNCE	30/65 4:50 p M.
FULL NAME HOSPITAL OR	BALTIMORE, MARYLAND, W OF (IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU	UNICED DEAD	11	Maryland	A	RURAL ond give township)
MISTITUTION	Inthonon U	nanital		D. STREET A	Baltimore DDRESS (IF NOTO), 3826 Pask	give location)	53-60
5. SEX male	Lutheran He	7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED(specify) RRIED	8. DATE OF		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
done during mos	CCUPATION (Give kind of work st of working life, even if retired) VAGER		AB OFFICE	1	BALTIMORE,	, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S					MAIDEN NAME		
15. WAS DECE	ABRAHAM COHE		16. SOCIAL	17. INFORMA	SARAH ROSE	NIMAL	ADDRESS
	(WW 1 ARMY		SECURITY NO. 213-01-7778		REBA COHEN	1 3626 PASK	
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O UNDERLY	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	21 8. hame etc.)	PLACE OF INJURY (e.g., e, farm, factory, street,	in or about 21 affice bldg., IN.	URY OCCUR?	yes If in Baltimare City, giv	ve exact lacation)
OF INJUR	Y		WHILE AT NOT AT W	WHILE	ULNI DID WOH.	RY OCCUR?	
ACT SIGN EXA	UAL WELLE	W.	Accident Suicid	CHIE!		AMINER 🔁	
	CREMATION, 23B DATE 27/AL 2 9/1	23	SHAARET ZION	CREMATOR		COSEDALE, MA	lown, or county) (State)
24A. DATE RE	SEP 1 1965		E, FaileyMR		NERAL DIRECTOR LEVINSON &	BROS.INC.	ADDRESS 6010 REISTERSTOWN R
V\$ 151-REV.	1/1/65	1 1	4 6 6	0 0	(i) 1		

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	e or Print)		AVID MAY	ZERS	Augu	st 27, 1965	12:05a
3. PI	LACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where	deceosed lived. If ins	titution: residence before odmission)
					A. STATE Maryland	B. CO	14-09
FUL HOS	L NAME OF	ADDRESS OR LOCA		JTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporôte limits, wri	e RURAL and give township)
INST	NOITUTION				Baltimor	-6	
	ila				D. STREET ADDRESS (If rurol,		
1	10	Tuthorn Uo	onito1		3825 Fairvie	ATTANILA	
5. S	EX	Lutheran Hos		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
			WIDOWED,	DIVORCED (specify)		lost birthdoyl	Months Doys Hours Min.
	nale	white	Mar	ried	11. BIRTHPLACE (State or foreig	86	12. CITIZEN OF
done	during most of	working life, even if retired)	KIUK KIND OI	E BRZINEZZ OK INDUZIKI	II. BIKIMPLACE (Stote or lotely	in country)	WHAT COUNTRY?
	Mer	chant	R	Retail	Lithuania		USA
13. F	ATHER'S NAM	WE			14. MOTHER'S MAIDEN NAM	E	
		Mordecia	Mayers		Cunoie Mar	cus	
15. V	WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(Yes	, no or unknowr	(If yes, give wor or dote	es of service/	215-05-4396	Mrs. Rebecca M	aughs 389	5 Fairview Avenue
	18.				OF DEATH	lage to 302	INTERVAL BETWEEN
			deoth.)				
7	DISEASES RISE TO TH	ANTECENDENT CAUSE OR CONDITIONS, IF A 1E ABOVE CAUSE (A) S NG CONDITION LAST,	ES ANY, GIVING	(B)			
IFICATION	DISEASES RISE TO TH UNDERLYI OTHER SIG	ANTECENDENT CAUSE OR CONDITIONS, IF A	ES ANY, GIVING TATING THE CONTRIBUTION	(C)			
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23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

Burial August

23C. NAME OF CEMETERY SIT CREM ATORY

23D. LOCATION

(City, town, or county)

Shaarei Zion

Baltimore, Maryland 24C. FUNERAL DIRECTOR ADDRESS

August 29,1965 Sha 24A. DATE REC'D BY HEALTH DEPT.

Sol Levinson & Bros. 6010 Reisterstown Road.

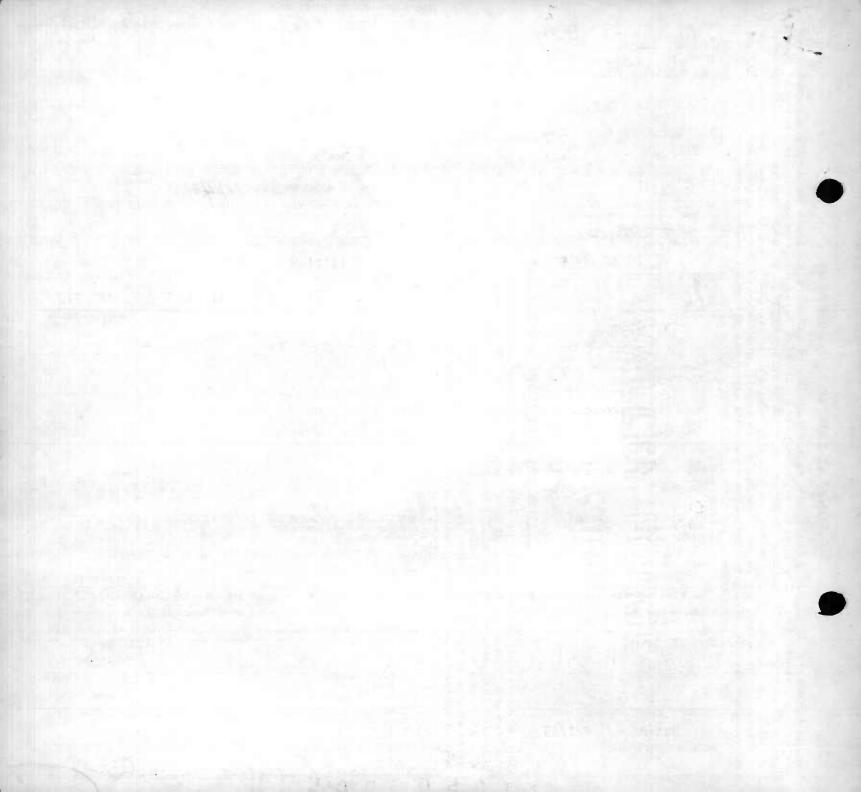
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	AME OF DECEASED		2. DATE AND HOUR OF DEA	TH
	De or Print) ROSE K	COLMAN	AUGUST 30, 196	1,20
3. P	PLACE OF DEATH IN BALTIMORE, M		4. USUAL RESIDENCE (Where deceased lived, I	
F	FULL NAME OF (If not in hospito	l or instilution, give street	MD. BALTIMORI	E City
H	OSPITAL OR oddress or locoti NSTITUTION	on)	C. CITY OR TOWN (If outside city limits, wri	te RURAL and give township)
	SINAI HOSPITAL 1	OF BALTIMORE	D. STREET ADDRESS (If rural, give location)	2 / -
4	ABALTIMORE MI	>.	6328 PARK HEIGHTS F	he Woodmont A
5. S	Ex 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under Months Days Hours
OA.	USUAL OCCUPATION (Give kind of wo	ork 108. KIND OF BUSINESS OR INDUST	RY BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10114	Housemile	AT Home	RUSSIA	USA.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 00,7,
6	ISAAC PUGATS	SKY	LILLIAN ?	
5. V	Was Deceased Ever in U. S. Anned F.	orces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
/	10	JEGORIII NO.	PR. LESTER KOLMAN 11 SLA	DE AVE APT 710
	18. 420.11	CAUSE	OF DEATH	INTERVAL BETW
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	LEADING TO DEATH	(A) /	YOCARDIAL Interction	
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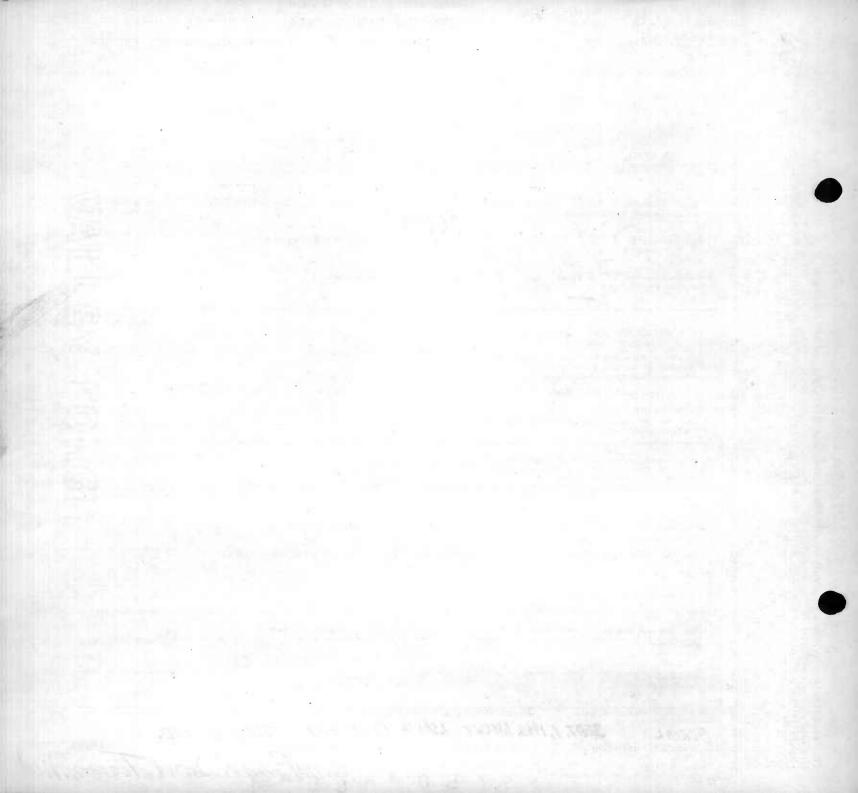
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

05 0000	BALTIMORE CITY I	HEALTH DEPARTMENT	V	0000		
MRTH NO. 65 9008 M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered Na	65 9008		
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	-		
(Type or Print) AN DENBOSCHE	EMIL GAS	TON Aug	cest 25, 19	765 8 05 PM.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceased lived. If ins	titution: residence before odmission)		
FULL NAME OF (If not in hospital or instit	ution, give street	Maryland	/-	alt.		
INSTITUTION oddress or locotion)		C. CITY OR TOWN (If oy	tside city limits, write RI	JRAL ond give township)		
30		D. STREET ADDRESS (III	rurol, give location)	550-0		
Unwerkely Hospiel	al	7 Surabrae Road BURNDRAG				
S. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. Kill done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
Teacher 4- Biocker	rest U. 4 M.	Hacelan	& BELGIUM	CISA.		
13. FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME	1		
Henry Vardeal	oule_	Louise	Madar			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se-	vice) 1 6. SOCIAL 1	7. INFORMANT	0 1	ADDRESS		
No -	214-38-201	19 Meder	al Rosas	le .		
18. 420.11	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11	1.0	· n -+	, ONSEI AND DEATH		
(This does not mean the mode of dying,	e.g., DUE TO	rocarded e	spareless	2 delle		
heort failure, asthenio, etc. It means the di- injury or complication which coused deoth.)	seose,	1	1			
ANTECEDENT CAUSES	(B) Coro	cary thro	mores			
DISEASES OR CONDITIONS, if any,	DUE TO			######################################		
rise to the above cause (A) stating		0" 00 0 de 00 0 0 0 0 0 0 0 0 0 de u u 0 0 0 de u u n n n n n n n n n n n n n n n n n				
UNDERLYING CONDITION Iosi.	W					
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	UTING			1 2 3 4 1		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
198. CONDITION WAS PERFORMED WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)		
21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)	While At Not While At Work					
22. I certify that (I) (this haspital) atten		wart-9	1965 to OU	1 AN F - 28 10 BC		
that (I) (we) last saw the deceased alive	man make my se			ian death accurred an the date		
and hour and from the causes stated abo			or many tony opin	idii dediii decoired dii file dale		
23A. SIGNATURE	(1) (we) (did) (did hdr) Vie	w the bady offer death.		23B. DATE SIGNED		
Barrey 11 Bloom	M.D. Attend	ding Med.	Stoff -	0/20/0		
23C. PHYSICIAN'S NAME (Type)	Phys.	D. ADDRESS	Phys.	1/20/63		
NAME (Type)	ENIRALIM M.D.	(0A11/1=DC	ITY OF	11101110111		
24A. BURIAL CREMATION, 24B. DATE	4C. NAME OF CEMETERY OF CREM	AATORY 24D. II	OCATION (City	, town, or county) (State)		
BURIAL Specify)	4	445	. 1511	, (31016)		
201011	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	WOW, MD.	ADDRESS		
SEP 1 1965 @ 10.	& E. Jalley HA	O TERAL DIRECTOR	10	The state of the s		
VS 150-REV. 1/1/65	1	Jun Jun	my some	, lower, Mil		



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

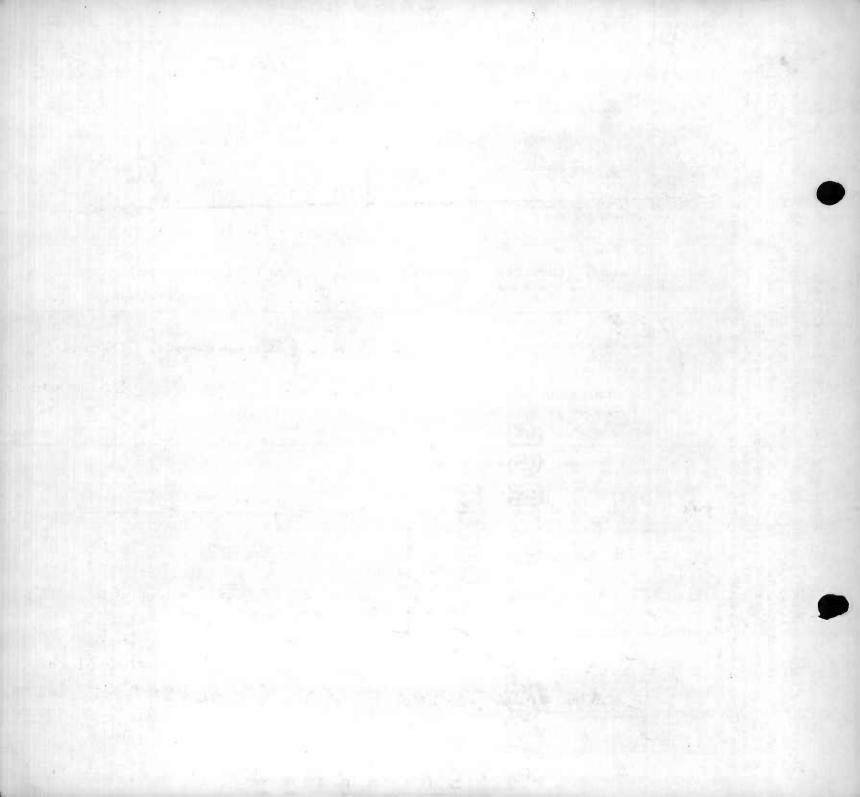
If Under 24 Hrs. Hours : Min,

Hours

INTERVAL BETWEEN

ONSET AND DEATH

65



NAME OF DEC						
IVDE OF PUBL	EASED			2, DATE AN	HOUR PRONOUNC	ED DEAD
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	MABEL KAHL		Augu	st 28, 1965	17:20 p
PLACE IN BALTI		D, WHERE PRONOUNCE			deceased lived. If insti	itutian: residence befare odmissia
ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR L	SPITAL OR INSTITUTION	I, GIVE STREET	C. CITY OR TOWN (If autsid	e corparate limits, write	10
				Baltimo D. STREET ADDRESS (If rural,		3 3-00
3	0:1	II a				11
0.574		Hospital			ern Avenue	1633-DEASIERN
female	white	MARRIED, NEV WIDOWED, DIVO	RCED (specify)	11/11/93	9. AGE (In years last birthdoy)	Months Doys Hours Min.
A. USUAL OCCU	PATION (Give kind o	work TOB. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
	orking life Jeven if reli			Vermont	4	WHAT COUNTRY
FFATHER & NAM	Lan	well		14. MOTHER'S MAIDEN NAM		
	EVER IN U.S. AR		OCIAL ECURITY NO.	Mrs. Lobies	ki 1806	ADDRESS Xittly facult
(This does no heart failure, injury ar com	E OR CONDITION LEADING TO DE DI meon the mod asthenia, etc. It in plication which cou NTECENDENT CA OR CONDITIONS,	ATH e of dying, e.g., leans the disease, sed death.)	(A) Mul	tiple traumatic	injuries	ONSET AND DEATI
UNDERLYIN	ABOVE CAUSE (A) STATING THE				
5			(C)			••••••••••
TO THE C		ONS CONTRIBUTING RELATED TO THE				
was I		CONDITION FOR WHICE PERFORMED	H OPERATION	Yes ar Na)	20B. IF YES, WERE FIR IN CERTIFYING CAUS Yes	
21 A. EXTERNAL UNDERLYING EX UTING CAUS	OR CONTRIB-	21 B. PLAC hame, for etc.)	E OF INJURY (e.g., in m, factory, street, off Street	fice bldg., INJURY OCCUR?	ock Old East	000
21D TIME OF INJURY (APPROX.)	(Month) (Day) 8 28 6.		AT NOT WAT WO	21F. HOW DID INJU	ry occur? ian struck l	by auto
22.	fy that I hold an	Inquiry In:	spection Auto	psy K and that an thi	s basis, death In m	ny apinton
	17 that I field all					

EXAMINER'S

ASSOCIATE MEDICAL EXAMINER

8-29-65

NAME (Type) Rudiger Breitenecker 23A, BURIAL CREMATION, REMOVAL (Specify)

23C. NAME of CEMETERY or CREMATORY

(City, town, or county)

(State)

24A. DATE REC'D BY HEALTH DEPT!

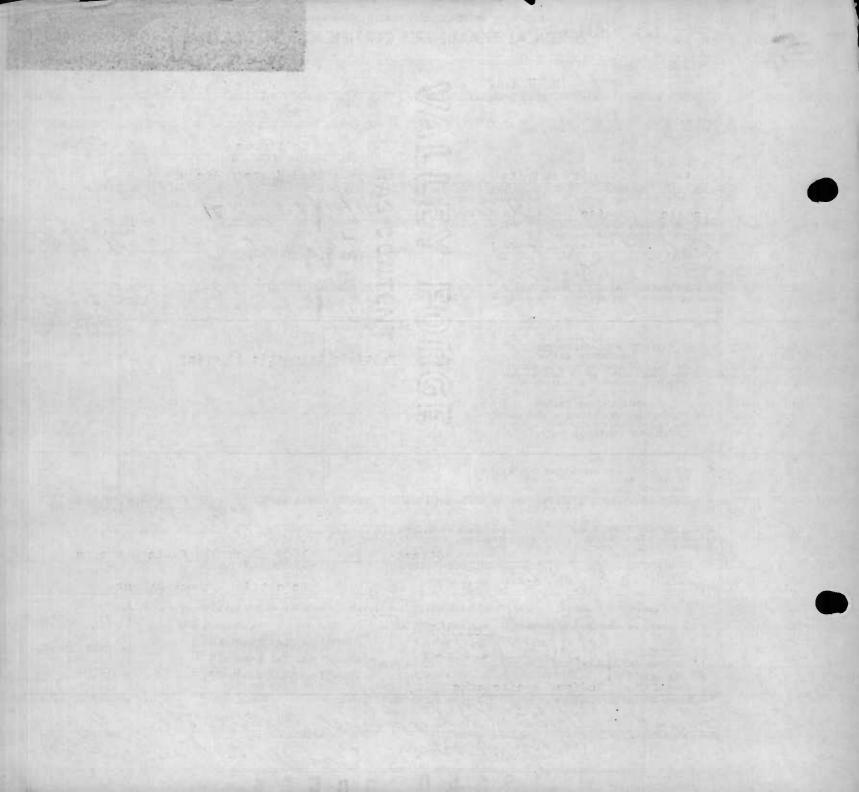
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24C. FUNERAL DIRECTOR

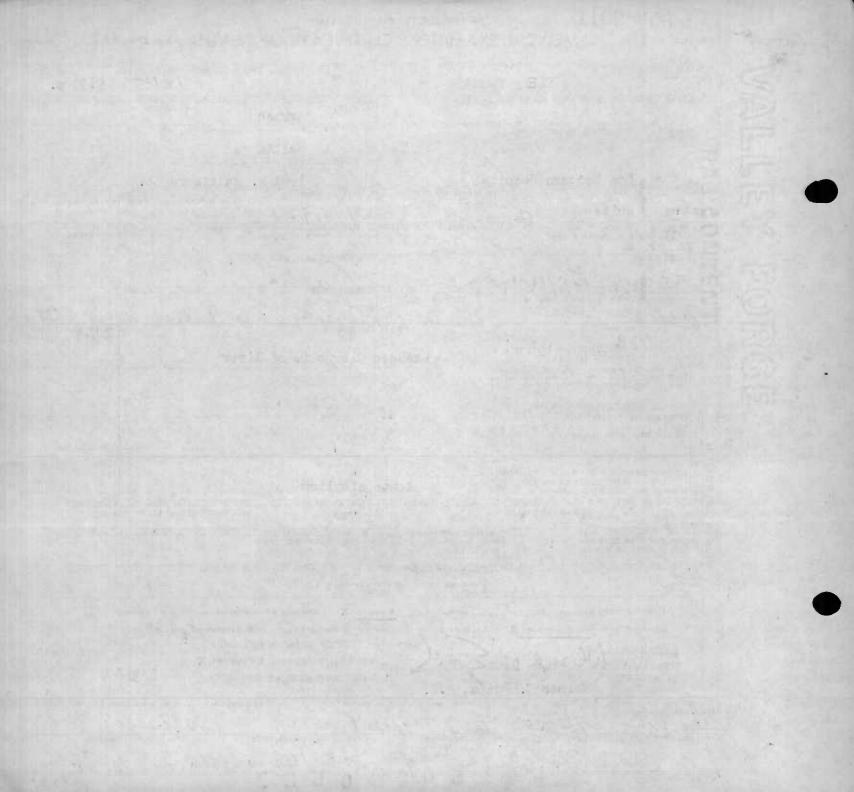
23D. LOCATION

ADDRESS Bally, 21

VS 151-REV. 1/1/65



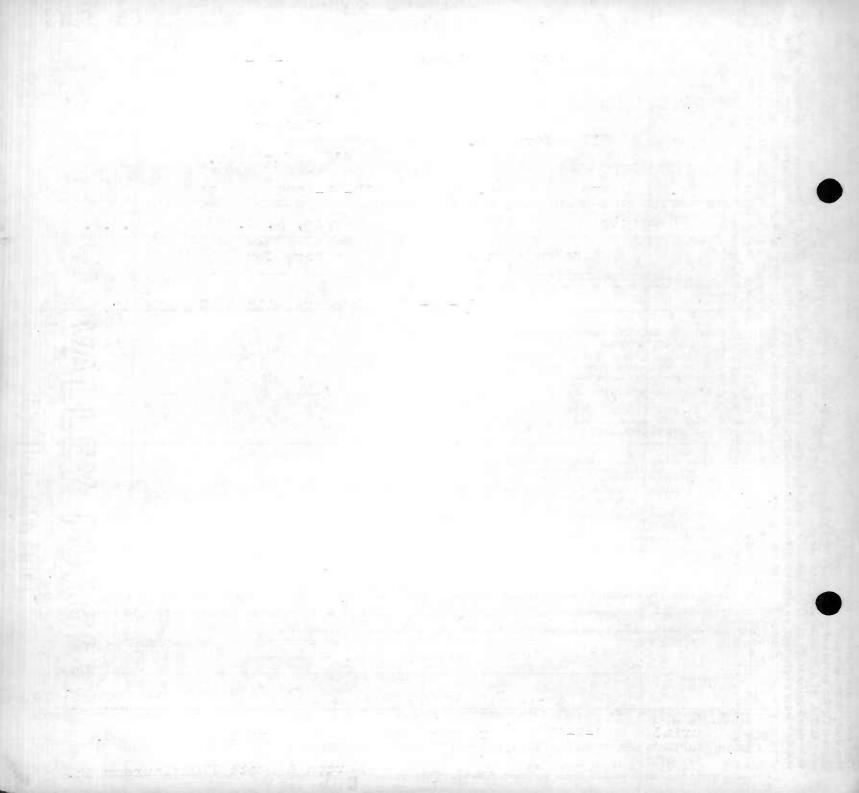
NAME	OF DECEASED	ADEL	E THO	MAS		2. DATE AN	B/30	O/65	9:30 p.
PLACE	IN BALTIMORE, MA				4. USUA A. STAT	L RESIDENCE (Where	deceosed lived. If in	, -	dence before odmission
ULL NA	ME OF (IF NOT	IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	C CITY	Maryland		a- DIIDAI -	
I O SPITAL N STITUTIO	OR ADDRES	S OR LOCAT	TION)		C. CITT	OR TOWN (If outsid		ite KUKAL o	and give township)
						Baltimo		349	2000
20					D. STREI	ET ADDRESS (If rurol,	give location)		
~		cours					Baltimore		
SEX	6. RACE			NEVER MARRIED DIVORCED(specify)	8. DATE	OF BIRTH	9. AGE (In years lost birthdoy)	Months	T 1 Yr. If Under 24 Hrs. Doys Hours Min.
emal	e white		aura	red;	3/1	1/1923	42		
	at OCCUPATION (Giv		108. KIND OF	BUSINESS OR INDU	STRY 11. STRTH	PLACE (State or foreig	n country)	12. CITIZ	EN OF AT COUNTRY?
ta	luck	7	Gent.	Store	" I THE	ned		4	JA
, FATHER	R'S NAME	0		,	14. MOTI	HER'S MAIDEN NAM	E)		
ente	Lines	Lon	ipra	unken		emelia	5		
S. WAS D	DECEASED EVER IN U	J.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRES	S
es, no or	onknown, aryes, grve	wor or dotes	el selvice	DIST II AS	117 9,	2 1	0. 1.	10	:021R. #
18.				Y/J- 16-62	JSÉ OF DEA	THE THE CASE	in Enpir	10-10	INTERVAL BETWEEN
,	5 8 1 1	1		CAI	J SE OF DEA	AIN V			ONSET AND DEATH
	DISEASE OR CON	DITION DIR	ECTLY	T.aeni	nec Cif	rhosis of la	ver		
(Thi	is does not meon th	e mode of	dying, e.g.,	DUE TO					
heo	on foilure, osthenio, et	c. If meons	the disease.						
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DIS RISE UN OTHER TOP IN CAPPRISE OF INC. AND CAPPRISE OF IN	ANTECENDE SEASES OR CONDIT E TO THE ABOVE C. IDERLYING CONDIT HER SIGNIFICANT OF THE DEATH BU SEASE OR CONDITION DATE OF OPERATION EXTERNAL CAUSE W EXITYING OR CONTRI G CAUSE OF DEAT TIME (Month) (IDURY IOX.) I certify that I h resulted from: I ACTUAL SIGNATURE EXAMINER'S NAME (Type)	INT CAUSES FIONS, IF AN AUSE (A) ST, ION LAST. I ONDITIONS OF T NOT REL, N CAUSING I 19B. CONE WAS PERFO H. Doy) (Yeor) Werner 3B. DATE	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE ATED TO T IT. 21B. home etc.) (Hour) 2 y unuity Ses X. A	PLACE OF INJURY (e., form, foctory, street, NORK AT NORK AT Suite of the content	20 A. A ye .g., in or obout it, office bidge ED OT WHILE T WORK Autopsy Actide CH ASSIST ASSOCI	ANT MEDICAL EX	IN CERTIFYING CA	my opinioner 8/31/	DATE SIGNED



V\$ 151-REV. 1/1/65

BIRTH NO. 65 99 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 65 9012
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
EDWARD ABRAHAMSON	August 29, 1965 4:00 a M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland 12 -0
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside carparate limits, write RURAL and give township) Baltimore
	D. STREET ADDRESS (If rurol, give location)
Sinai Hospital	2916 N. Calvert St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) male white Single	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Manths, Days Hours, Min. 2-8-19111 21
10A. USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
dane during mast at warking life, even if refired) Student 13. FATHER'S NAME	Washington D.C. USA 14. MOTHER'S MARKEN NAME
Frank T. Abrohomson	72.1.8 4.1. 72. 22
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na arunknown), (If yes, give war ar dates af service) 16. SOCIAL SECURITY NO.	Edith Rodler 17. INFORMANT ADDRESS
No	David S.R. Abrahamson Above
(This does not meon the mode of dying, e.g., head foilure, osthenio, etc. It meons the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED
	Yes IN CERTIFYING CAUSES OF DEATH?
O UNDERLYING DOR CONTRIB-	in or obaut 21C. WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?
3	215 HOW DID INTHEN OCCUPS
OF INJURY	WHILE WORK Operator of motorcycle which struck
22. I certify that I held an Inquiry Inspection Au	and that on this basis, death in my apinian guard rail
resulted fram: Natural causes Accident X Syicid	de Hamicide Undetermined manner
1211 = ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE SIGNATURE	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER 8-29-65
23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY (REMOVAL (Specify)	ar CREMATORY 23D. LOCATION (City, tawn, or county) (State)
Cremation 9-1-65 Greenmount 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF BEGISTRAR	Baltimore Md.
SFP 1 1965 P. d. A. E. Farbura	H.W. Jenkins & Sons Co. 4905 York Rd.
VS 151-REV. 1/1/65	Balto.,Md.

262 annual company of the A PROPERTY OF THE PERSON



VS 151-REV. 1/1/65

OF	DEATH	Registered	No	65	901

BIRTH N	0.		WEDI	CALEX	AMINER 3 C	EKTIFICATE	OF DEATH NO	gistered No	., .	-
M.E. C	ASE NO.									
I. NAM	E OF DEC	EASED				2. DA	ATE AND HOUR PRONG	DUNCED DEAD		
(Type or		die)	EDIJA	DD LITTE	TAM CACITETY	(cataball)	9 30 65		12.20	70
3. PLAC		MORE, MARY			LIAM SACHELL	(Satchell)		If institutions resid	12:30	M. M.
	E III DALII	MORG MAKI	EAND, WIT	ERE PROMOC	NICED DEAD		(Where deceased lived.	. COUNTY	/ To	A 7
FULL N	AME OF	(IF NOT IN	N HOSPITAL	OR INSTITU	TON, GIVE STREET	Maryland			10-	0
HOSPITA NSTITU	AL OR		OR LOCAT			C. CITY OR TOWN (If autside corparate limits, write RURAL and give township)				
Maille	IION					Baltimore				
29	PR(VIDENT	HOSPT'	TAT D	OA	D. STREET ADDRESS				
	A LICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11001 1		021					
- 4	7					-11	cis Street			
5. SEX		6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In lost birthdoy	years If Under	1 Yr. If Under Doys Hours	24 Hrs.
Ma	le l	Colore				11-3-1	1905 59	, Montes	boys Hours	
					RRIEN BUSINESS OR INDUSTRI	11. BIRTHPLACE (Stote	2/	12. CITIZE	N. OF	
		orking life, even		Alli	. / . /	A SIKI HPLACE (SIGIE	A COUNTY		COUNTRY?	
				ALLIE	d Chem Cc.	HEVEMAC,	L. VA.	41	5A.	
3. FATH	ER'S NAM	E				14. MOTHER'S MAIDEN	NAME			
1.1	1.4 5	. 11	ONR			11101	A NO.			
101	111111	1-1	(1010	1		MAKG	HIME >		ATT.	
	5. WAS DECEASED EVER IN U.S. ARME Yes, no ar unknown), (If yes, give wor or do					17. INFORMANT	-	ADDRESS		
		, vo, g		0. 3011100		N. Testin	DAtche 11	244.	For	. 57
10.00						FIRS, SPING TIPS	SHIC WELL	07/10	KHNLI	3 .7"
1B.	42	2 .1.			CAUSE	OF DEATH		5 5 7 7 7	INTERVAL BE	
	DISEAS	E OR COND	ITION DID	ECT! V					סווטבו אווט	DEATH
	DIJLAJ	LEADING TO	DEATH	ECILI	Con	gestive heart	failure			
(1	This does no	at mean the	mode of	dying, e.g.,	DUE TO	Seperve mear	- Tattate			
h	earl foilure, niury at com	asthenio, etc.	It meons	the diseose,						
								CONTRACTOR.		
	AI	NTECEN DEN	T CAUSES		Arte	riosclerotic	cardiovascui	ar disea	20	
. 0	ISEASES C	R CONDITIO	ONS, IF AN	Y, GIVING	DUE TO	r z o o o z o o z o o z o	- Calalo (abca:	tar aroca		
	ISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)									
CERTIFICATION					(0)				-	
5		- 11						2 2 7 9 9		
0 7		IFICANT CON DEATH BUT								
든 :		CONDITION								
19A.	DATE OF				WHICH OPERATION	20 A. AUTOPSY? (Yes	ar Na) 208, IF YES, W	ERE FINDINGS CO	ONSIDERED	
U)			WAS PERF	DRMED		Vac	IN CERTIFYING	CAUSES OF DEA	ATH?	
- 21 A	EXTERN AL	CAUSE WAS		03.0	DI ACE OF INITIDY	Yes		les		
OUND	DERLYING	OR CONTRIB-		home	PLACE OF INJURY (e.g., farm, factory, street,	office bldg., INJURY OCC	CUR?	liy, give exoct to	catian)	
E UTIN	IG L CAUS	E OF DEATH.		etc.)						
~	TIME	(Adonth) (De	- (Vaar)	(Haur) 2	TE. INJURY OCCURRED	21E HOW D	ID INJURY OCCUR?			
OF I	INJURY									
(AP	APPROX.) m. WHILE AT NOT WHILE AT NOT WORK									
22.						ran .				
	certify that I held an Inquiry 🗌 Inspection 🗌 Autopsy 🔀 and that on this basis, deoth in my opinion									
	resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner									
	ACTUAL	1		1/	0/1	CHIEF MEDICAL EXAMINER DATE SIGNED				
	SIGNATU		(4)	vee	(// un	ASSISTANT MEDIC	AL EXAMINER			
					Me U	ASSOCIATE MEDIC			8-30-	65
	EXAMINI NAME (T	VDe) DE	TER U	RIECK	ERT, M.D.	ASSOCIATE MEDIC	AL EXAMINER			
23A. RII	RIAL CREA		DATE		C. NAME of CEMETERY	CREMATORY	23D. LOCATION	(City, town, or c	ounty) /	State)
	AL (Specify)		DAIL	23	C. INMINIE OF CENTETERS (CKENTATORT	A COCATION	tony, lown, or c	July,	ardie/
R	RAL	9	-2-10	165 N	IT. ZION BOOT	Ou Cem	ACCOMAG	K	VA	
24A D		BY HEALTH D	EPT	24B NAME	OF REGISTRAR	24C. FUNERAL DI			DDRESS	
-40.07	TE REC D			THE INMINIE	1 Y	240. FOREKAL DI	RECTOR	^		
		17 7 7 7	Ulah (1 4/2 1/2 1	1 1 12 0	A E	-			
	35		965 1	1000 15	E. STOWNEUP -	M. Or Occ	() ATT 170	11/20	-14 <	T.
	REV. 1/1/6		300 (15	Creet ?	E, Javley Fill	MORICN -	- DgeT 170	1 LAURE	N3 5	T.

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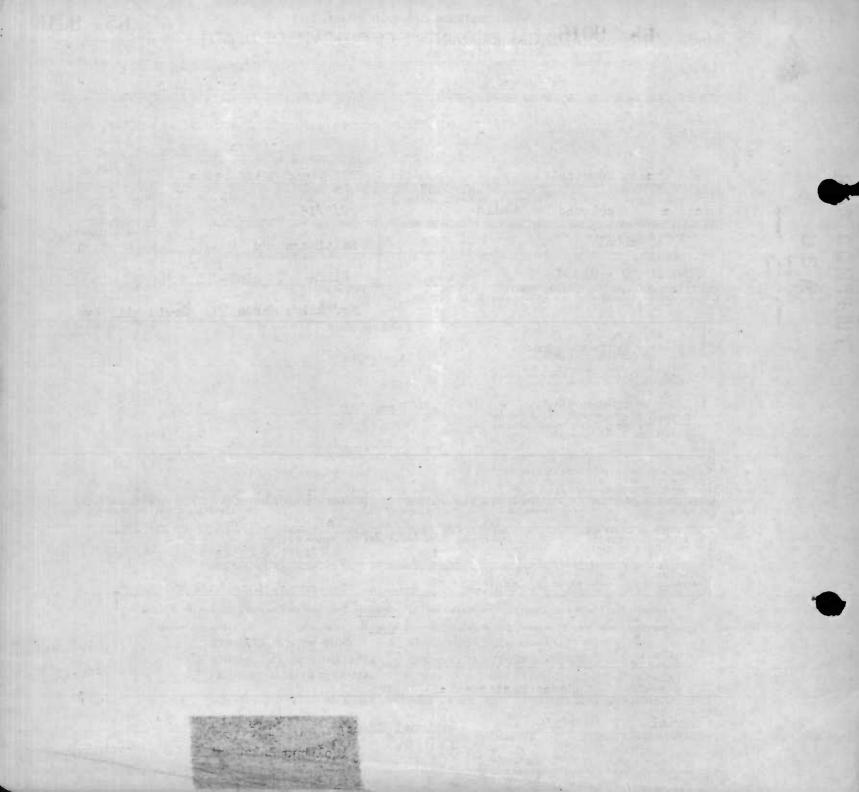
BIRT	/Y 7.00	CATE OF DEATH Registered No.	65 9915			
M.E	AME OF DECEASED	2. DATE AND HOUR OF DEATH				
	John L. Miler	8/31/65	7 A			
. Р	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution, STATE B. COUNTY	on: residence before admission			
F	FULL NAME OF (If not in hospital or institution, give street	Maryland	6-07			
	NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA) REMEMBER Baltimore	L and give township)			
	- 1A . 1A .	D. STREET ADDRESS (If rurol, give location)				
1	JOHNS HOPKINS HOSPITAL	146 North Washington Street				
S	EX 6. RAGE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specification)	(y) B. DATE OF BIRTH 9. AGE (In years II lost birthday) Moi	Under 1 Yr. If Under 24 H			
	Male Negro Married USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDU	5-17-09 56 USTRY 11. BIRTHPLACE (Stote or fareign country) , 12.	CITIZEN OF			
	e during most of working life, even if refired	A TOPT TO YAL	WHAT COUNTRY?			
3. 1	FATHERS NAME	14. MOTHER'S MAIDEN NAME	U.S. At			
	John Miller Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Mable	ADDRESS			
	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	011.64111	C A MA			
	VEB WW 1 217-09-55	ISE OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH			
	LEADING TO DEATH	Probable ceve bral metastass	Imos.			
	(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease,					
	injury ar complication which caused death.) ANTECEDENT CAUSES (B)	Psvonchogenic CA				
	DISEASES OR CONDITIONS, if any, giving	9				
	rise fa the obave cause (A) slating the (C) UNDERLYING CONDITION last.					
	11					
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	into deval Diagram	0			
CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND	J-MOS.			
RTIFI	WAS PERFORMED	Yes IN CERTIFYING CAUSES	OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF home, lorm, loctory, stre	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City eet, office bldg., INJURY OCCUR?	, give exact location)			
CAL	DEATH Inotily medical examiner) etc.)					
ш ;	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY					
S	(APPROX.) While At Not	t While Work				
	22. I certify that (1) (this hospital) attended the deceased fram.		•			
	that (we) lost sow the deceased alive on 931	19 69 and that in (my) (our) apinian	death accurred on the a			
	and haur and fram the causes stated above. (4) (We) (dtd) (did-		DAYE CONTEN			
П	23A. SIGNATURE (1) M.D. H. Son J. J. M.D.	. Attending Med. Stoll	DATE SIGNED			
H	23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	731/65			
	23C.PHYSICIANS NAME (Type) William Spencer	M.D. STALANS HARRING HAS	2.621			
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of	701000 01000000000000000000000000000000	yn, oi county) (State			
6	REMOVAL (Specify)	lat. Cm. Baltimine	md.			
25A	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	SEP 1 1965 P. D. R. E. Farley M. R.	t. Dawisson 100	o Browley of			
2	150-PEV 1/1/65					

FUNERAL DIRECTOR: IMPORTANT

Maria Nº 19 and Bearing 992-65 Balton Kit. Com. Portiones - 200

65 9016DICAL EXAMINER'S CERTIFICATE OF DEATH Registered N

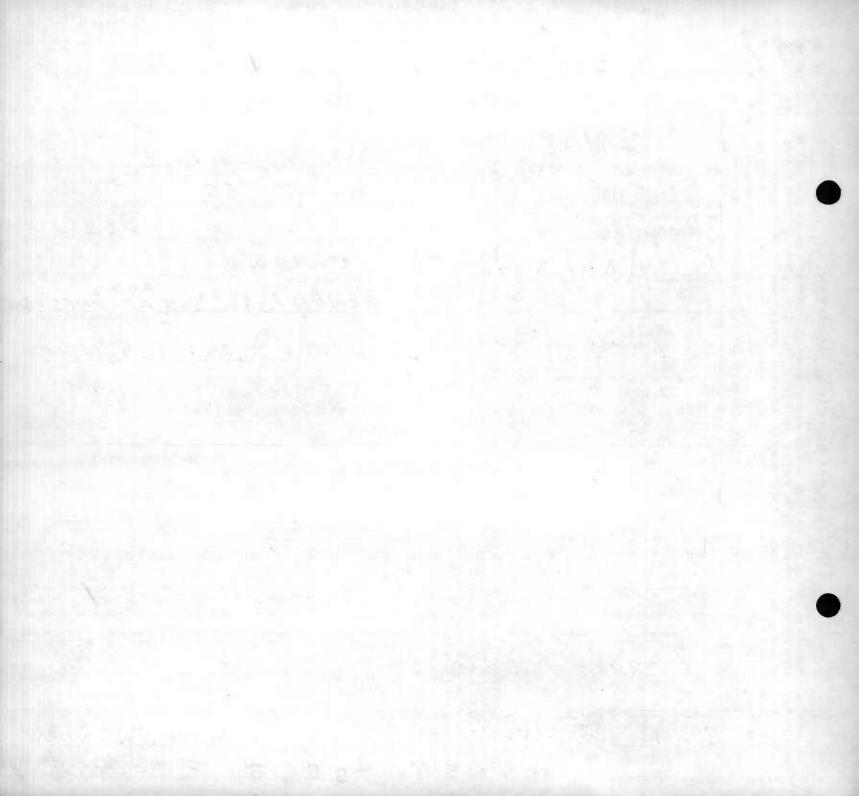
BIRTH NO.	O OUTHIED!	CALEA	AMINER 3 CI	EKTIFIC	AIE OF L	EAIN Registr	ered No		
M.E. CASE NO.	EACED				TO DATE AND	THOUS BROWGHING	ED DEAD		
(Type or Print)		DA MASO	MT .	2. DATE AND HOUR PRONOUNCED DEAD				10 05 -	
3. PLACE IN BALTI	MORE MARYLAND, W			4. USUAL F		est 29, 196		12:05 a _M ,	
				4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmiss B. COUNTY Maryland					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
NOITUTITEN					Baltimo	re	11-	03	
				D. STREET	ADDRESS (If rurol,				
Mer	cy Hospital			703	Druid Hill	Avenue			
5. SEX	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED					9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs. Doys , Hours , Min.	
female	female colored WIDOWED, DIVORCED (specily)				3/1551	15	Months	Doys Hours Will.	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)			11. BIRTHPLA		country)	12. CITIZEI		
done during most of w				Balt	imore Md		WHAT	COUNTRY?	
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN NAME				.JA	
EDWARD	O MASON			HII	DA RI	NGGOLD			
	D EVER IN U.S. ARMED		16, SO CIAL SECURITY NO.	17. INFORM			ADDRESS		
ites, no or unknowns	Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.				Mrs Hilda Mason 703 Druid Hill Ave				
1B. ,	-1 -1 -1		CAUSE	OF DEATH		10) 214		INTERVAL BETWEEN	
E 7	1							ONSET AND DEATH	
DISEAS	E OR CONDITION DI		Asni	nyxia					
(This does no	ot meon the mode of osthenio, etc. It meons	dying, e.g.,	DUE TO	IYAIA					
injury or com	nplication which coused	deoth.							
A	NTECENDENT CAUSE	S	Dro	mino					
DISEASES C	DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
Z			(C)						
E	II			N. III					
OTHER SIGN	INFICANT CONDITIONS DEATH BUT NOT REI	CONTRIBUTII	NG HE						
	CONDITION CAUSING				A Baye (V Al) I	00 to vec			
S IVA. DATE OF	OPERATION 19B, CON		WHICH OPERATION	20 A. AUT		N CERTIFYING CAU			
ZIA. EXTERNAL	CAUSE WAS	218	PLACE OF INJURY (e.g.	Ye	S WHERE DID (Yes	ive exact lar	cotion)	
UTING CAUS	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	ffice bldg., IN			TAR GYOCI IOC	,0110117	
7	SE OF DEATH.		Harbor			alvert St.			
OF INJURY	(Month) (Doy) (Year		TE. INJURY OCCURRED		F. HOW DID INJU	RY OCCUR?			
(APPROX.)	8 28 65	8:15p.	VHILE AT NOT Y	WHILE X	Jumped in	to harbor			
22.									
	resulted from: Natural couses Accident Sujected Homicide Undetermined manner								
165011	led from: Harord Col	0262	July July July July July July July July	The same of the sa	F MEDICAL EX		el 🗀		
ACTUAL	. 1(1/)	nost.						DATE SIGNED	
SIGNATU	JRE //	Mu	ser M.O.		T MEDICAL EX	promp.		9 30 65	
EXAMIN NAME (T		r Broit	maakar	ASSOCIAT	E MEDICAL EX	AMINER		8-30-65	
23A, BURIAL CREA		r Breit	C. NAME of CEMETER O	CREMATOR	Y 23D. LC	CATION (City	, town, or co	ounty) (Stote)	
REMOVAL (Specify				- 490000		altimore M			
Burial	9/2/6		National C	emetry	1 7 7 2	TTTMOTE IN	u	DDBECC	
Z4A. DATE REC'D		24B, NAME	OF REGISTRAR		NERAL DIRECTOR	+ 000 1206		DDRESS th Are	
SI	EP 1 1965 (Hobert	C' ACMARGINA	Add	Thurs Hall	stead 1206	W NOI	DII AVO	
VS 151-REV. 1/1/6	65	1 5	San Francisco	7 0	E B A			V	



NEW DRUENNS MA LO Director SEMBRAL PRESENT PARTIES THANK FRINGS SERAN ALICE PRICA WHICH STREET THERESE US HIS HOTTHE BUILDING THE SOME STATE OF LITTLES 4.5 P.H.S. HOSP - KALED 1711 D

Maria Colina Color A.U. II Sales and the second recipolative from holy it, and a converse with second to the control of

	T	225	BALTIMORE CIT	Y HEALTH DEPARTMENT	V	00 0040	
- 17	BIRTH NO.	5 Qn10	CERTIFIC	ATE OF DEATH	Registered Na.	65 9019	
	M.E. CASE NO.	00 0010	A		AND HOUR OF DEATH		
1	(Type or Print) I Q Q	Deenu F	RECIA	8/=	31/65 1	2 1/2 2	
3	3. PLACE OF DEATH	IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (WI	here decessed lived. If insti	tutien: residence befere edmissien)	
				A. STATE	TA YING		
	FULL NAME OF HOSPITAL OR	(If net in hespitel or insti	itution, give street	Ma. 1-	301TOI		
d	INSTITUTION			C. CITY OR TOWN (IF 8	outside city Timits, write RU	KAL end give township)	
		11/00		D. STREET ADDRESS	If rurel, give lecetion)	3500	
		INIAL		9939 CL/	10-10		
5	5. SEX 6. R/	ACE 7. MA	ARRIED, NEVER MARRIED	B. DATE/OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
	F	// Wi	DOWED, DIVORCED (specify)	0/10/10		Menths Deys Heurs Min.	
	IGA USUAL OCCUPAT	ION (Give kind of work 108 Ki	IND OF BUSINESS OR INDUSTR	Y 11 BIRTHPI A CE (State on to	200	12, CITIZEN OF	
c	done during mest of werking	ng life, even il retired)	IND OF BOSINESS OR INDUSTR	A PRINCE OF 10	reign Country)	WHAT COUNTRY?	
	Hosewi	de		1200.		USA	
1	13. FATHER'S NAME	ONIT.	2011 1111	14. MOTHER'S MAIDEN NA	AME		
	(/ / A	RAL	ASHMAN	UNKO	W N.		
1	5. Was Deceased Ever	in U. S. Armed Ferces?	16. SOCIAL	17. INFORMANT		ADDRESS	
'	res, he er unknewhitt y	es, give wer er deles of se	SECURITY NO.	WENDOITS	11/5.1	2932	
1	18.420	141 /00 V	CAUSE	OF DEATH	JAAC JOU	INTERVAL BETWEEN	
	/ ~ 01	R CONDITION DIRECTLY		1 0	7 / / .	ONSET AND DEATH	
		DING TO DEATH	11/	1. masking	In la sotion	4 lanusa	
	(This daes not m	nean the made of dying	, e.g., DUE TO	A COURT	10 your con		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTE	CEDENT CAUSES	(B) A)-T	er wellerotic	Hy per tension	hears	
	DISEASES OR C	CONDITIONS, if any,	DUE TO Q	rdiovascula	Sdireal	J	
	rise la lhe al	bave cause (A) slatin			- (2000 0000 0		
	UNDERLYING CO	ONDITION last.					
	Z OTHER SIGNIFICA	NT CONDITIONS CONTRI	PILTING A	. ()	1.		
	E TO THE DEATH	BUT NOT RELATED 1		mus NBB	roant		
A	19A. DATE OF OPE	RATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ov)	No. 208. IF YES, WERE FIN	IDINGS CONSIDERED	
W	19A. DATE OF OPE	WAS PERFORME	D		IN CERTIFYING CAUS	ES OF DEATH?	
	U 21 A. ACCIDENT W	AS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or ebout 21 C. WHERE DID	(If in Beltimore C	City, give exact lecation)	
	OR CONTRIBUTING		heme, ferm, fectery, street, etc.)	effice bldg., INJURY OCCUR?			
	21D. TIME (Me	nth) (Dey) (Yeer) (Heu	d 21E, INJURY OCCURRED	21F. HOW DID IN	AILLEY OCCUP?		
	OF INJURY		White At Net Wh		OCCOR.		
	(APPROX)		Work At Wer	, 🗆		1-115	
	22. I certify that	(I) (this hospital) atten	nded the deceased fram	8/=5	19 65 10	8/31/ 1960.	
	that (1) (we) last	saw the deceased aliv	re on 8/3	19 62 ond t	that in (my) (our) opinio	on deoth occurred on the dote	
	ond hour and from	m the couses stated ab	ove. (1) (We) (did) (did nat)	view the body after death	•	///	
	23A. SIGNATURE	1111			2	38. DATE SIGNED	
	1 Done	ald 1	M.D. A	tending Med.	Steff Phy s	8/3/165	
	23C. PHYSICIAN'S			23D. ADDRESS		11100	
	NAME (Type)		M.D				
2	24A. BURIAL CREMATI		24C. NAME of CEMETERY of C		LOCATION (City,	town, or county) (State)	
	REMOVAL (Specif		mehro Kod	W	- 10. (, 0	DATT . WA /	
100	JUITIAL DATE RECED BY	TEALTH DEST	Beck Brail	Cossiliy 17 F	MRING RUN	134KIMER-116	
1	SEP 1	1965 12	AME OF REGISTRAR	25C. FUNERAD DIRECTO	PR 3 4 1 1 1	ADDRESS PO	
	VEI A	1000 Ulekser	37637000	HUGH HELDES	Mue 2/00	Eulaev 14	
V	/S 150-REV. 1/1/65	7		9			



VS 151-REV. 1/1/65

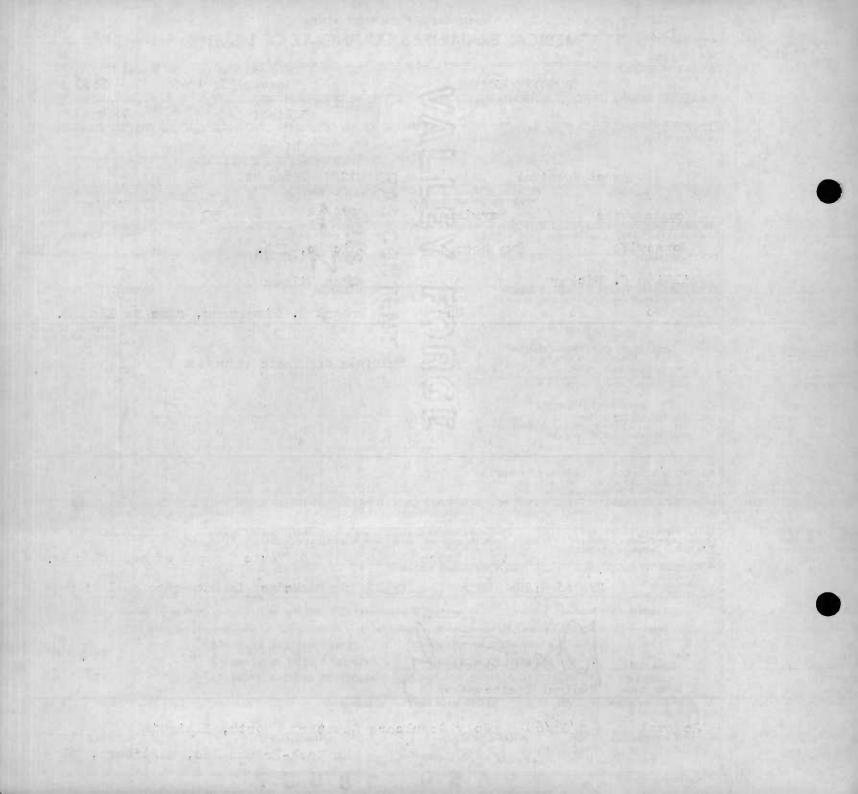
MEDICAL EXAMINER'S CERTIFICATE OF DEATH R	egistered No. 55 982			
M.E. CASE NO.				
(Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
ROBERT L. ZIMMERMAN August 27, 196				
	If institution residence before admission. COUNTY			
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limit				
HOSPITAL OR ACORESS OR LOCATION) INSTITUTION C. CITY OR TOWN (If outside corporate limit	s, write RURAL and give township)			
Chicago	V-11			
D. STREET ADDRESS (If rurol, give locotion)				
St. Agnes Hospital 8012 S. Troop St.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In WIDOWED, OIVORCEO(specify)	years If Under 1 Yr. If Under 24 Hr. Months, Ooys, Hours, Min.			
male white Never Married 12/8/48 16	, leading Coys Hours 14th.			
10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
done during most of working life, even if retired)	WHAT COUNTRY?			
Stadent School Chicago, Ill. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA			
Raymond F. Zimmerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDIE53			
No No Unk Robert E. Zimmerman,	Same as line D.			
18. CAUSE OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
LEADING TO DEATH Multiple tramatic injuries	ultiple tramatic injuries			
(Inis does not meon the mode of dying e.g., heort foilure, osthenio, etc., It means the diseose,				
injury or complication which coused death.)				
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	••••••••••••••••••			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
(C)				
NI I				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, W WAS PERFORMED	ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
No				
✓ 21A. EXTERNAL CAUSE WAS O UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () () (If in Boltimore () UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID () () () () () () () () () () () () ()	City, give exoct locotion)			
U.S. Route 1 south	of Hunt Club			
OF INJURY (APPROX.) 8 27 65 4:20 pm. WHILE AT NOT WHILE TO PASSENGER in auto	-auto collision			
22,	auto collibion			
Certify that I held on Inquiry Inspection Autopsy ond that on this basis, deat				
resulted fram: Notural couses Accident X Suicide Homicide Undetermined	monner			
CHIEF MEDICAL EXAMINER	DATE CONED			
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED			
EXAMINER'S ASSOCIATE MEDICAL EXAMINER				
The state of the s	8-28-55			
NAME (Type)' Rudiger Breitenecker	8-28-55			
NAME (Type) Rudiger Breitenecker	8-28-55 (City, town, or county) (Stote)			
NAME (Type) Rudiger Breitenecker 23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION REMOVAL (Specify) 23D. LOCATION	(City, town, or county) (Stote)			
NAME (Type) Rudiger Breitenecker	(City, town, or county) (Stote)			

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VS 151-REV. 1/1/65

65 9021 BALTIMORE CITY HEALTH DEPARTMENT

IRTH NO. MEDI	CAL EXAMINER 5 C	EKTIFICATE OF DEATH Registere	ad No.	
A.E. CASE NO.				
Type or Print DORO	THY ZIMMERMAN	August 27, 1965 5:00 p		
PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If instituA. STATE Illinois B. COUN	ution: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION)	L OR INSTITUTION, GIVE STREET ION)	C. CITY OR TOWN (If outside corparete limits, write	RURAL and give township!	
		Chicago D. STREET ADDRESS (If rurol, give locotion)	11-11	
St. Agnes Hospit	ta1	8012 S. Troop St.		
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. If Under 24 Hrs.	
female white	widowed, divorced(specify) Married	6/6/15 v lost birthdoys	Manths Days Hours Min.	
OA. USUAL OCCUPATION (Give kind of work)	OB. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?	
Housewife 3. FATHER'S NAME	Own home	Chicago, Ill.	USA	
William J. Hickey 5. WAS DECEASED EVER IN U.S. ARMED		Anna Nilsen	ADDRESS	
ras, na orunknown) (If yas, giva war ar dates NO	of service) SECURITY NO. Unk	Robert E. Zimmerman, same	e as line D.	
18. E 5 1 / 4.5	CAUSI	E OF DEATH	INTERVAL BETWEEN	
(This does not meon the mode of haart failure, astheria, etc. It means injury ar complication which coused do ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST/UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CAUSING DISEASE OR CONDITION CAUSING	ATING THE (C)	ltiple traumatic injuries		
19A, DATE OF OPERATION 19B, COND.	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?	
21A, EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Day) (Yaot) (APPROX.) 8 27 65 4:	home, lom, loctory, street, atc.l Street (Hour) 21E INJURY OCCURRED	in or about 21C. WHERE DID (If in Boltimora City, give	Hunt Club Road	
22. I certify that I held on In		ond that on this basis, death in my	opinion	
resulted from: Noturel cou	ses Accident X / Sulcid	de 🗌 Homicide 🗌 Undetermined monner		
ACTUAL /	10 of	CHIEF MEDICAL EXAMINER	DATE SIGNED	
SIGNATURE EXAMINER'S	5	ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER	8-28-65	
NAME (Type) Rudiger	Breitenecker	or CREMATORY 23D. LOCATION (City, 1	town, or county) (State)	
REMOVAL (Specify)			a tring of coolings	
Removal 8/28/6	Holy Sepulch 24B, NAME OF REGISTRAR	re Cemetery Worth, Illino: 24C. FUNERAL DIRECTOR	ADDRESS	
SEP 1 1965 (1)	Creb E. Farbey MA	Wm Cook-Brooks Inc, Bal		



VS 150-REV, 1/1/65

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2. DATE AND HOUR OF DEATH August 28, 1965 4.30 A. M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside city limits, write RURAL and give township) 9, AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS Mrs. Lillian Cowley 5632 Lothian Rd. Balto.12 INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)ond that in (my) (our) opinion death occurred on the date 23B DATE SIGNED

> Schimunek Funeral Home, 3331 Brehms Lane Baltimore.Md.

NE 19 Jan - 1 Zorie 1

Additional laboration for the

USS Extiden House

D7 PRILLIE Dalbert Street ale

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(month) (as less) (mineral value)

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FUNERAL DIRECTOR: IMPORTANT

516	7		BALTIMORE CITY	HEALTH DEPARTMENT		CE DOGA
BIRTH NO. M.E. CASE NO.	65 9024		CERTIFICA	TE OF DEATH	Registered Na.	65 9024
1. NAME OF DEC (Type or Print)	12 02	IDA L.			UST 28, 19	
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WH	ere deceased lived. If in	nstitution: residence before admission
FULL NAME O	F (If not in hospital address or location	or institution,	give street	MARYLAND C. CITY OR TOWN (If o		RURAL and give township)
INSTITUTION				BALTIMORE	,	were the give formality
	ST. AGNE	S HOSP	ITAL		f rural, give lacation)	
				2645 NORLAN	ID RD. #3	30
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
FEMALE	WHITE	MARE	O, DIVORCED (specify)	12-12-02	last birthday)	Months Doys Hours Min.
OA. USUAL OCC	JPATION (Give kind of wor			11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
	working life, even if retired)			MADVIAND		WHAT COUNTRY?
HOUSEW				MARYLAND		U.S.A.
	VI E			14. MOTHER'S MAIDEN N		
FRANK				IDA SCHLUE	TER	
5. Was Deceased fes, no or unknown	Ever in U. S. Armed Fa	rcas? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		WHERENS AVES
NONE	, , , , , , , , , , , , , , , , , , , ,				SPITAL REC	CORDS; CATON &
18. 46	8 X# /5 5	0	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OF CONDITION DI	RECTLY				ONSE! AND DEATH
(This does -	LEADING TO DEATH	- duda	(A) PUI	MONARY INFA	RCTIONS	· · · · · · · · · · · · · · · · · · ·
heart foilure,	of mean the mode of osthenio, etc. It means	the diseose,	DUE TO			
injury or com	plication which caused	d death.)	0.5	OONDARY TO M	ACCURE LEE	T 11 F C
	ANTECEDENT CAUSES	DUE TO	CONDARY TO M	ASSING LEF	T LEG	
	OR CONDITIONS, if		The second			
	obove couse (A)	sloting the	(C) THI	ROMBOPHLEBIT	1 S	
			PRI	DBABLE HEPAT	OMA	
E TO THE D	FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING	ATED TO TH	G E			
	OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or h	10) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PER	POKMED		NO	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21 B. ham etc.	e, tarm, factory, street, of	or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimar	e City, give exact tacation)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 &	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
S OF INJURY			ile At Not White			
		Wa			(P)	ICHCT 20
	that (1) (this hospita		ne deceased itali	ULY 7	17	JGUST 28 19 65
that (I) (we)	last saw the deceas	ed alive an	AUGUST 28	19 65 and 1	hat in (my) (aur) opi	inion death accurred on the da
				iew the bady after death		
23A. SIGNATU	1	*				23 B. DATE SIGNED
11	11/1/1 8/1/1/1	11/1	M.D. Atte	nding Med.	Staff Phys. X	9 29 6E
23 C. PHYSICIA	N. S.	V	Phy:	Director 23D. ADDRESS	Phys. A.J	8-28-65
NAME (T	ype)	CELL	M.D.		SPITAL: CAT	#29 ON & WILKENS AV
	MATION, 24B, DATE		AME of CEMETERY of CRE			ity, tawn, ar caunty) (State)
Burial	9-1-6	55 Ba	ltimore Nation	na1 B	altimore, Ma	ryland
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	RHoward H H	ubhard ADDRESS
S	EP 1 1965 (Robert	E. FarbeyHA	4107 Wilkens	Avenue Bal	to., Md. 21229
VS 150-REV. 1/1/6	55	1 9	ARBA	0 0 5 4	A	

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H400				A Registered No	03 3023
ERTH NO. 65 9025		CERTIFICA	TF OF DFATH	1110910100 110	
N.E. CASE NO.		OEKTII TO/		AND HOUR OF DEAT	N.
Type or Printi HILL, KATHERI	INE P			IST 29, 19	
. PLACE OF DEATH IN BALTIMORE, MA				here deceased lived. If	institution: residence before odmissio
ST. AGNES HOSPIT FULL NAME OF (If not in hospitol HOSPITAL OR oddress or location	or institution, g	give street	MARYLAND		e RURAL and give township)
INSTITUTION WILKEN & C	ATON A	VENUES	BALTIMORE	ourside city limits, white	e KOKAL one give township
BALTIMORE.				If turol, give location)	
Ditt inolta,	1 1 1 1 1 1 10	2122)	1110		53-00
SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr
FEMALE WHITE	NEVER	MARRIED	12-21-05	10st birthdoy)	Months Doys Hours Min.
6A. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	TELEP	HONE CO.	MARYLAND		YES
3. FATHERS NAME			14. MOTHER'S MAIDEN N	AME	
DILL			Manakasa		
5. Was Deceased Ever in U. S. Armed For		1 6. SOCIAL	Newton 17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dote		SECURITY NO.		00000	
NO		212036839	ST.AGNES RE	CURUS-BAL	
18.170 X I		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIE	RECTLY	()			
LEADING TO DEATH	duina a a	(A)	remometoses		
LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. II meons	the disease,		ranome to ses	\$\display \display \d	
LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. It meons injury or camplicotian which coused	the disease, death.)	DUE TO	etastehi dice	ase.	
LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. II meons	the disease, death.)	(A)	etastehie dise	ese.	
LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. It means injury or camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	the disease, death.)	DUE TO	etastakie dise	cse.	7 4/5 ??
LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. It meons injury or camplicotion which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A)	the disease, death.)	DUE TO	etastakie dise	cre . breast.	7 yrs. ??
LEADING TO DEATH (This does not mean the mode of heart foilure, osthemia, etc. It meons injury or camplicotian which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	the disease, death.)	DUE TO	etastaki dise	breast.	7 yrs. ??
LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. It means injury or camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	the disease, death.) any, giving stoting the	(B) DUE TO	etastic dise	cse. breast.	7 yrs. ??
LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. It means injury or camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	any, giving stoting the	DUE TO (B) DUE TO (C)	etastic dise	ese. breast.	7 yrs. ??
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LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. It means injury or camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CAUSING IT OT THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT OF THE DEAT	any, giving stoting the CONTRIBUTING ATED TO THIT.	(A) DUE TO (B) DUE TO (C) (C) PLACE OF INJURY (e.g., in	letastatic dise	IN CERTIFYING C	FINDINGS CONSIDERED CAUSES OF DEATH?
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BALTIMORE CITY HEALTH DEPARTMENT

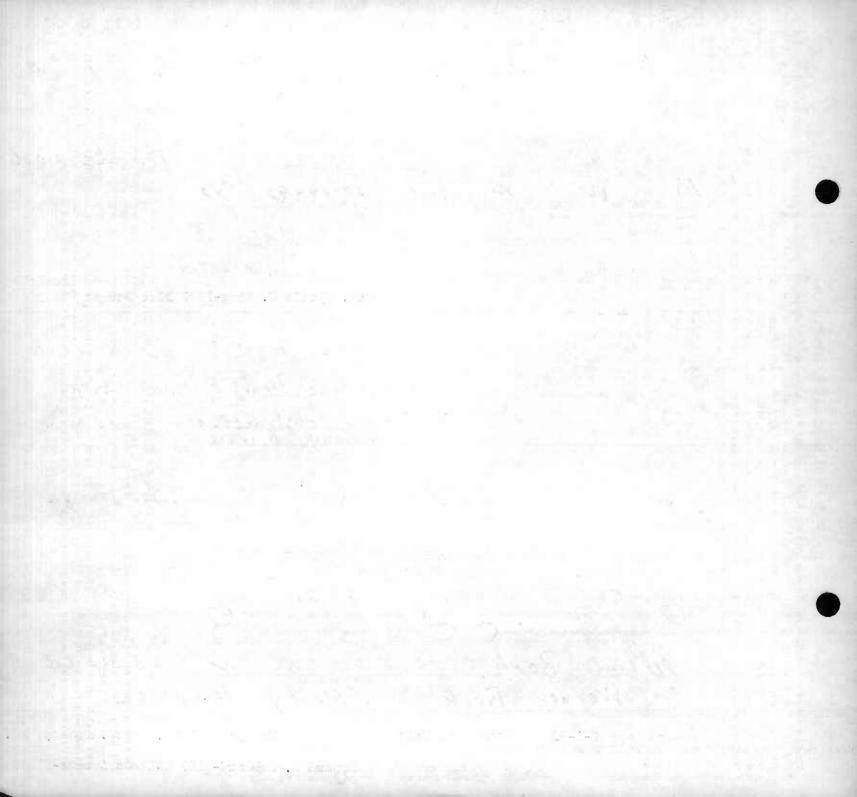
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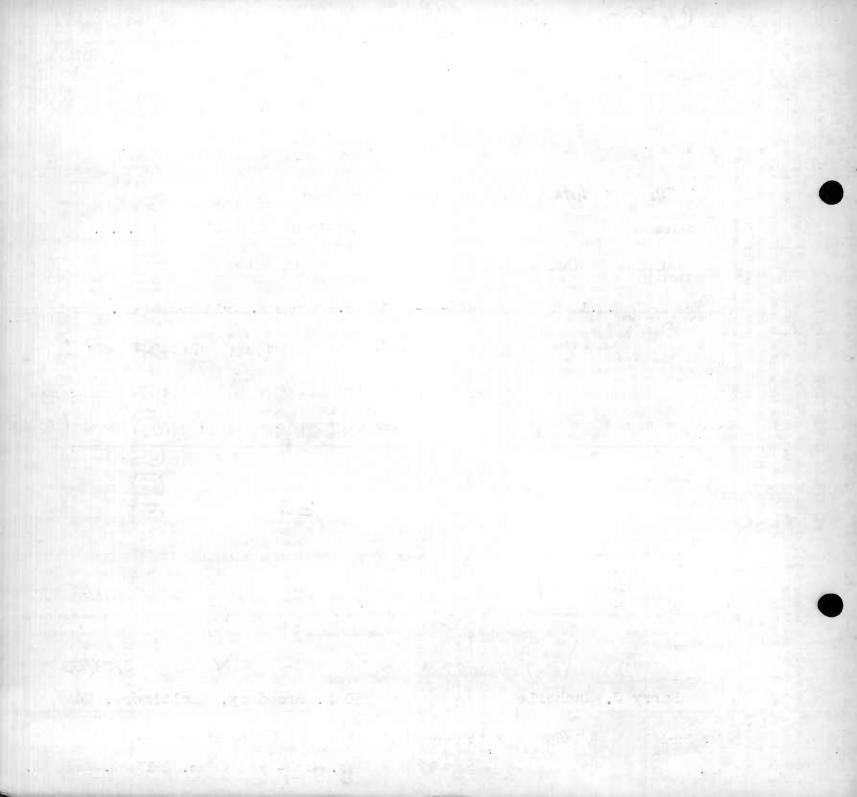
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105	20		BALTIMORE CITY	HEALTH DEPARTMEN	T	05 0000
BIRTH NO.	65 9028		CERTIFICA	TE OF DEAT	H Registered No.	65 9028
M.E. CASE NO.				2. DAT	E AND HOUR OF DEATH	
Type or Print)	DENNIS, K	ENNETH	RAMSAY		8-30-65	12:25 A N
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived, If i	institution: residence before admission)
FULL NAME			give street	MARYLAND		2-5-41
INSTITUTION				C. CITY OR TOWN	Of outside city limits, write	RURAL and give township)
	ST. AGNES			D. STREET ADDRESS	(If rurol, give location)	
	BALTIMURE	, MART	LAND 21229		IELINE ROAD	
S S EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
MALE	WHITE	WINAKE	RIED (specify)	7-24-10	lost bjøhdoy) 55	Months Doys Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	IRED	F	EREMAN	MARYLAND		U.S.
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN	NAME	
CARI	ROLL DENNIS			LAURA E	DWARDS	
	ed Ever in U. S. Armed For wn)(If yes, give wor or dote		1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	yes, give wor or dole	S OF SERVICE!	214-44-0333	ST. AGNES H	HOSPITAL REC	CORDS BALTO . 29, MI
110 0	OX I		.CAUSE O			INTERVAL BETWEEN
	ASE OR CONDITION DIE	RECTLY				ONSET AND DEATH
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	II.					
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OR CONTRI	IBUTING CAUSE OF	hom etc.	e, lorm, foctory, street, of	fice bldg., INJURY OCCU	R?	ne City, give exact tocomon
U	(Month) (Doy) (Year)		INJURY OCCURRED	215 HOW DIE	D INJURY OCCUR?	
OF INJURY	(Month) (Doy) (Teal)		ile At Not Whil		JINJURT OCCUR:	
(APPROX.)	**	Wo	ik — At Work			
22. I certi	fy that (*) (this hospital) attended t	he deceased from	8-29-	1965.to	8-30 19 65
that (){ (w	e) last saw the decease	ed alive an	8-30	196.5or	nd that in XmX (aur) ap	oinion death accurred an the dat
ond hour o	and from the causes star	ted above. X	X(We) (did) (XXX)	riew the body after de	ath.	
23A. SIGNA	TURE					23B. DATE SIGNED
Car	1-11 701	atth	M.D. Atte	ending Med. S. Director	Stoff Phys.	8-30-196.5
23C. PHYSIC		- CCC	7_	23D. ADDRESS	,	1000
NAME	CARL A MAT	THEY M	M.D.	ST AGNES	HOSPITAL	
24A. BURIAL C	REMATION, 248. DATE	24C. N/	AME of CEMETERY of CR			City, town, or county) (Stote)
REMOVAL	(Specify) 9-2-6	55 I	oudon Park Ce	metery	Baltimore,	The state of the s
	rial " " "		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
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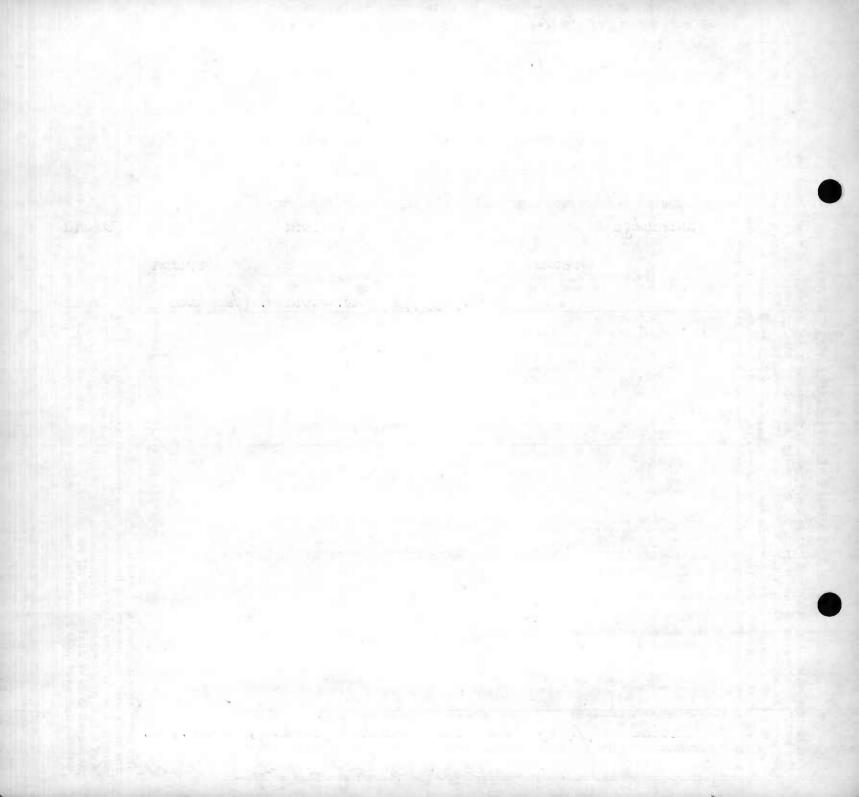
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T 520 0009	BALTIMORE CITY	HEALTH DEPARTMENT	V	0000
BIRTH NO. 00 JULU	CERTIFICA	TE OF DEATH	Registered No	65 9029
M.E. CASE NO. 1. NAME OF DECEASED ,		2. DATE AN	ND HOUR OF DEATH	
(Type or Print) Richard N. /Y	ing	8	-30-65	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7	4. USUAL RESIDENCE (Whe	re deceased lived. If insti	tution; residence before admission)
FULL NAME OF (If not in hospital or institution, give oddress or location)	sheet	c. CITY OR TOWN (IF OU	tside city limits, write RU	RAL and give township)
20		D. STREET ADDRESS (II	rurol, give lacation)	3.5=00.
Mercy Hospital		1927 3	1 ST ST. RO	SEDALE -21206
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, D	VER MARRIED IVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF 8U		11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Printer		But		WHAT COUNTRY
13. FATHERS NAME		14. MOTHERS MAIDEN NA		
1.121 . K-		To Wa	01 +	
15. Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT	chester	ADDRESS Rosedale
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mrs. Myrtle C.	King-7927 31s	
18. 5-2 7.21	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	m Ca	rdiae Ar	vest	Immediate
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO	1111		
injury or complication which caused death,)	Cano	gestive Hea	unt Forduse	24.6
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	10 Chro	nic obstru	tine	113 1145
UNDERLYING CONDITION lost.	(0)	112441/ 71	1000	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
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tho (I) (we) last saw the deceosed olive on	8-30			
			of In(my) (our) opinio	on deoth occurred on the dote
and hour and fram the causes stated obove (1) (W	e)(did) (did not) v	ew the bady ofter death.		
Mar R. L		nding Med.	Stoff	8-30-65
23C. PHYSICIAN'S	Phys	3D. ADDRESS	Phy s.	0 30 63
NAME (Type) WOLDER BO	M.D.	4.4	1/21/10/1	ta 1
4A. BURIAL CREMATION, 24B. DATE 24C. NAME	ef CEMETERY OF CRE	Mercy MATORY 240. I	OCATION (City.	town, or county) (Stote)
REMOVAL (Specify)		A STATE OF THE STA	· · · · · · · · · · · · · · · · · · ·	
Burial 9-2-65 Garder 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	n of Faith	25C. FUNERAL DIRECTOR		Balto. County, Md
SEP 1 1965 P. C. F. E. A	a OruHA			lkens Avenue-21229
/S 150-REV. 1/1/65	2.5	The state of the	DULU TIOT NI.	

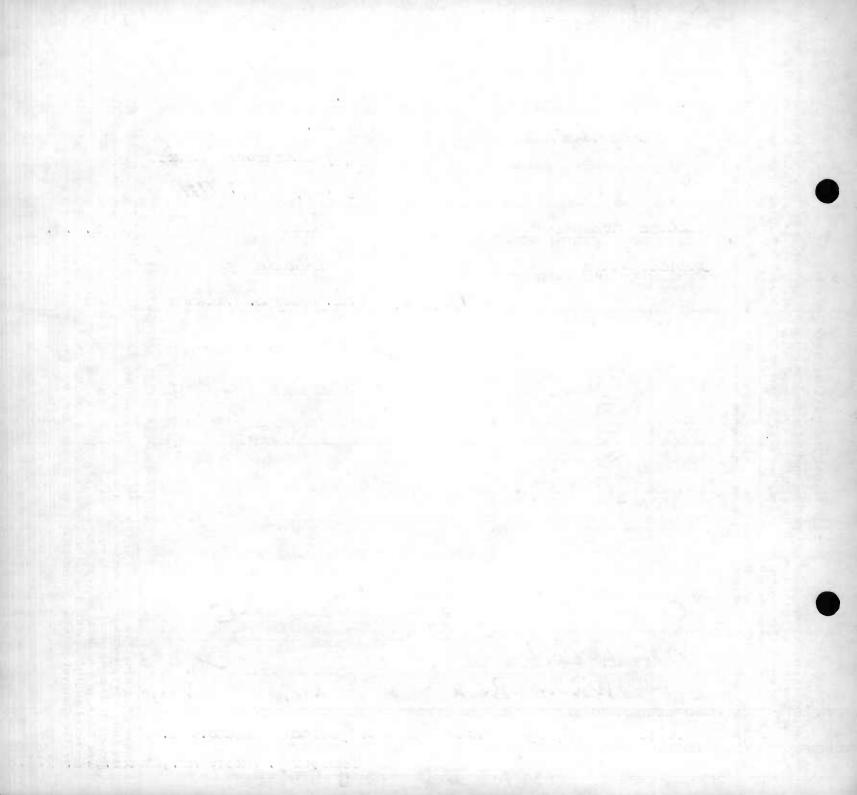




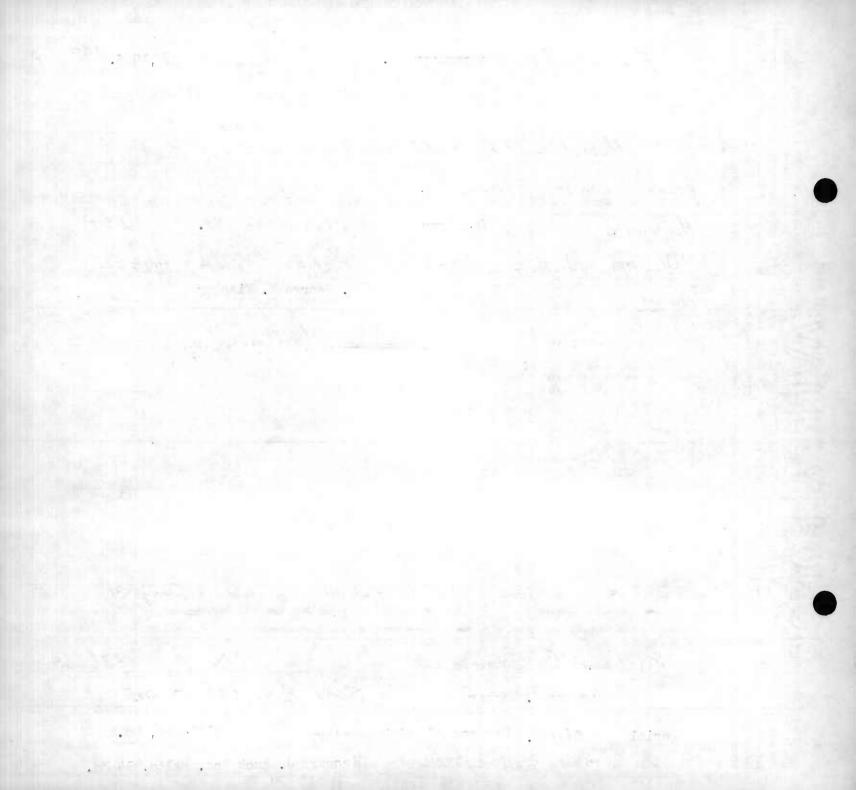
5 200 - 0004	BALTIMORE CIT	Y HEALTH DEPARTMENT	0001
BIRTH NO. 65 9033.	CERTIFICA	ATE OF DEATH Registered Na.	65 9031
I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) He Lew T.	True ok	8/31/	65 1 112 8 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	JAW ICK.	4. USUAL RESIDENCE (Whore deceosed lived. It in	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location)	tion, give street	C. CITY OR TOWN (If outside dity limits, write	TIMER 7-09 RURAL ond give township)
		D. STREET ADDRESS (If rurol, give location)	Re
Mercy Hospital		1=111 11 -11	VENE PITIZ
	RIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
TW	WI dowed	3-20-92 ost birthdoys	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN			12. CITIZEN OF
done during most of working life, even if retired) Housewate		Poland	Poland
0			Τοχαπα
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unknown		Unknow	un
15. Was Deceased Ever in U. S. Armod Forces? (Yas, no or unknown) (If yas, give war or datas of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
1. 03,110 of blikilowin til yos, give wor of dolos of sen	217055/102	Mrs. Anna A. Chesmore	Same
18. 0 11	CAUSE	DE DEATH	INTERVAL BETWEEN
0 6 6 1	CAUSE V	JI DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	ardiac Arrest	1/Llore
(This does not mean the made of dying,	e.g., DUE TO	X1 0.10 (2)	1 - 0013-
heart failure, asthenia, etc. It means the dis	ease,	^ / - 1	01
ANTECEDENT CAUSES	(8)	1gitoxicity	8 45
	DUE TD		
DISEASES OR CONDITIONS, if any, g		nakalemia :	(1
UNDERLYING CONDITION last.	(0)		
Z DTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	uting Diarrhea	nausea vomitire	1,
	FOR WHICH OPERATION		FINDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (o.g., homo, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimon office bldg., INJURY OCCUR?	e City, give exact location)
21D. TIME (Month) (Doy) (Year) [Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
Ø OF INJURY (APPRDX)	While At Not Whi		
	Work L At Work		
22. I certify that (t) (this hospital) attend	led the deceased fram	8 31 540 PM 19 15 to	8/31 110 1965,
that (1) (we) last saw the deceased olive	on 8 31	19 65 and that in(my) (aur) api	nian death occurred an the date
and hour and from the causes stated abay	ve. (1) (We) (did) (did nat)		
23A. SIGNATURE	41 .		23B. DATE SIGNED
2. L. 61	Themas M.D. At	tending Med. Stoff	8/31/65
23C. PHYSICIAN'S	Ph	23 D. ADDRESS	10/2//03
NAME (Typo)			
	M.D.		
PEMOVAL (Specify)	C. NAME of CEMETERY OF CE		ty, town, or county) (State)
Burial 9/4/65	Moreland Memo	orial Cemetery, Balto.,	IId.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 1 1965 12 0	A & Fasher M. D.	Leonard O. R.	el. has
VS 150-REV. 1/1/65	5 5	5 17 7 . 700	40 and.



BIRTH NO.	65 9932		CERTIFICA	TE OF DE	ATH	Registered Na	65 9032
M.E. CASE NO.						ND HOUR OF DEATH	
(Type or Print)	Carlo	Me	16-a			8-31-65	955
PLACE OF	DEATH IN BALTIMORE, MAI			4. USUAL RESIDI		re deceosed lived. If ins	titution; residence before od
FULL NAME HOSPITAL O		or institution,	give street	Md.	/N (1)	A 11 12 12 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	URAL and give township)
INSTITUTION		,		Balto.	(1) 00	iside city limits, while k	ORAL and give township
//	Mercy Hospita	al		D. STREET ADDR	ESS (If	rural, give location)	
				6407 B	irchw	ood Avenue	
SEX MA	6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	1	9. AGE (In years	If Under 1 Yr. If Under Months: Days Hours
1.1	W		Hown	2/5/1894	4	71 11017	
	CUPATION (Give kind of work of working, life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	ed Shoemaker			Ita	alu		U.S.A.
3. FATHER'S N				14. MOTHER'S M		ME	
Franci	is Melta			1:	boria	2	
5. Wos Deceos	ed Ever in UUS Armed Fore	es?	1 6. SOCIAL	17. INFORMANT	Jorda	•	ADDRESS
res, no or unkno	wn) (If yes, give war ar date:	s of service)	212027209	Mns M.	anu 1	. Hallman	Same
1B. / L O	0 / 1		CAUSE	OF DEATH	neg L	· /Iwwwitat	INTERVAL BETWE
DISE	ASE OR CONDITION DIR	ECTLY			4		ONSET AND DEA
	LEADING TO DEATH		(A) Asn	iration	Inc	u monia	1dou
	Ithis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the						
				hunkass	1.	No. 101- 1	11/10
				04044364	Lax	11 CE ICIENI	1019
	DISEASES OR CONDITIONS, if any, giving			21	1.	Cardiana	C 0
	rise to the obave couse (A) stating the (C) /TY/			VIO J CZEY	Dise	264	3/44
					1/36	-17[
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
	DISEASE OR CONDITION CAUSING IT.				- //	V 000 10	
19A. DATE	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
21A. ACCIT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,				ERE DID	(If in Boltimore	City, give exact location)
OR CONTR	IBUTING CAUSE OF	hom etc.	e, form, foctory, street, c	ffice bldg., INJURY	OCCUR?		11 8
21 D. TIME	(Manth) (Day) (Year)		INJURY OCCURRED	215 140	W DID IN	URY OCCUR?	
5 01 11130111	(1400)		ile At Not Whi		נאו מוט זי	OKI OCCUR:	
(APPROX.) Work At Work							
22. I certi	fy that (1) (this hospital	attended t	ne deceased from				8 - 3 / 19
	e) last saw the decease		5-3/			nat in (my) (aur) apin	ion death accurred on t
	and from the causes state	(We) (did) (did not)	view the body oft	ter death.			
23A. SIGNA	/. // .	0		,			23B, DATE SIGNED
011	erner Dec	2	M.D. Att	ending Me	ed. rector	Stoff Phys.	8-31-65
23C.PHYSIC NAME	(Type) Weyner	Be	eck M.D.	23D. ADDRESS	erch		pital
4A. BURIAL C		24C. N	AME of CEMETERY of CR	EMATORY	24D. L	OCATION (City	y, town, or county) (
REMOVAL	(Specify) 9/11/6	55 1	Holy Redeem	er (emeti	011	Balto., Md.	St. T.
/ 1///////							
5A. DATE REC	D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR				ADDRESS
5A. DATE REC	EP 1 1965	25B. NAME C					Balto., Md. 2



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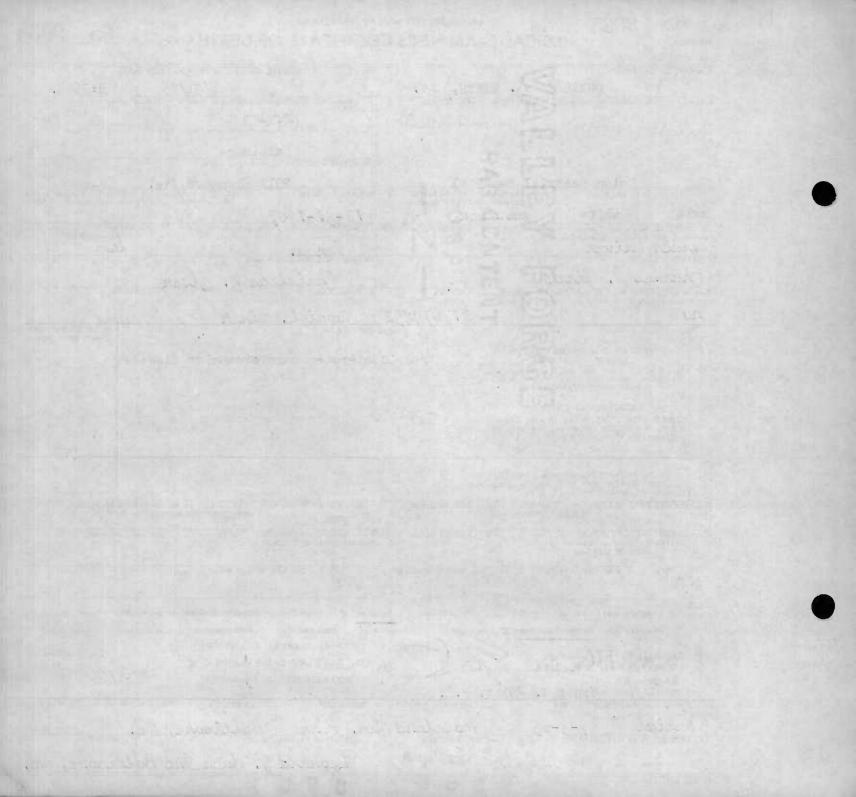


DE MOGN	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO, 65 9034 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 9034
1 NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1 .1000
Trype or Print) Dr. George W. 3. PLACE OF DEATH IN BALTIMORE, MARYEAND	Murgatroud	Sr. //111	73/ /9/29	140 P
PLACE OF DEATH IN BALTIMORE, MARYEAND	This agas a coga	4. USUAL RESIDENCE (Whe	e deceased lived. Il inst	litution: residence before admis
		A. STATE ME COUN	TY	0000
FULL NAME OF (If not in hospital or institution, oddress or location)	give street	ma.		21-58
INSTITUTION		C. CITY OR TOWN (If out		JRAL and give township)
Lana Connan Non	H.		Baltimore	#12
Long Green Nurs	ung nome	,	rurol, give location)	0 1
		140	8 Lockner.	Road
A. A. WIDOWE	NEVER MARRIED D, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
	dowed	Vov. 16, 1885	79	TOTOMINS DOYS MOUIS TOM
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
one during most of working life, even if retired)		M /		WHAT COUNTRY?
Physician		Maryla		USA
FATHER'S NAME	AA	14. MOTHER'S MAIDEN NAM	4.	
George Washington	. Murgatroyd		Mary Me	ttee
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Mary Me	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Garage 111	Mark	10. 10
	U	r. George W. 1	nurgatroya	gr. (Same)
18. 157XI	CAUSE OF	DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	10	a del	4//>-	A LAND DEATH
LEADING TO DEATH	(A) and	in of wellets	as with Mes	lostores
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,		/	**************************************	
injury or camplication which caused death.)		//		
ANTECEDENT CAUSES	(B)	·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.			99 00 000 0 00 000 00 00 00 00 00 64 0 64 0 65 00 00 00 00 00 00 00 00 00 00 00 00 00	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TH	3			
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.		NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF hom etc.	e, lorm, foctory, street, offi	ice bldg., INJURY OCCUR?		
2	INITIAN OF CLICATE	015 (:		
OF INJURY	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	7
(APPROX.)	ile At Not While	B, C	1-1	1 611
22. I certify that (I) (this hospital) attended to	he decaded from	MOX 1	10e). (1	110.5/ 10/0
	1 1111	1.//.	70, 9.10.10.10.10.10.10.10.10.10.10.10.10.10.	Ny 0 1900
that (I) (as as the deceased alive on	aug of	,	nt in (my) (🗪) oplni	on death occurred on the
and hour and from the causes stared above.) (We) (did) (did you) vi	ew the body after death.		
23A. S/GNATURE	2// ///	1	12	B. DATE SIGNED
VIII VERY OLA HEL	Atten Phys.		Stoff	X/21//2
23 G-PHYSICIAN'S		Director SD. ADDRESS	Phy s.	0/01/00
NASAF (Typoles & & &	/ . 1		0111	/ /
William G. Help	rich M.D.	5000	6 Roland A	venue/
4A. BURIAL CREMATION, 24B. DATE 24C.NA	AME OF CEMETERY OF CREA	MATORY 24D. LC	CATION (City,	lown, or county) (Stot
REMOVAL (Specily)	Parkwood Ceme	teru	Baltim	ore, Md.
		0	Ducon	
	OF REGISTRAR	25C. FUNERAL DIRECTOR	0 1.0	ADDRESS
SEP 1 1965 Poub	E, Markey Mill	Leonard for	ruck Inc. I	Balto. 14 Md.
S 150-REV. 1/1/65		0 9 3" 0	*	

Harris Street Co.

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 9035

M.E. CASE NO.		O GERTINIO	01 02/111		
1. NAME OF DECEASED (Type or Print)	^ 6		2. DATE AND HOUR PRONOUNCED DEAD		
CHARLES	R. WIRTH, Sr.		8/31/	/65 14:35 a. M.	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RE A. STATE	B.	If institution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITH HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STR	C. CITY OR	MaryLand TOWN (If autside carparate limits	, write RURAL and give township)	
INSTITUTION.		D STREET A	Baltimore DDRESS ()f rurol, give location)		
M		D. SIRELI A			
Jinion Memori 5. SEX 6. RACE	AL HOSDITAL	D 8. DATE OF B	2911 Glenmore	years If Under 1 Yr. If Under 24 Hrs.	
male white	WIDOWED, DIVORCED (specif	fy)	-1907 lost birthdoy	Manths Doys Hours Min.	
to A. USUAL OCCUPATION (Give kind of worldone-during most of working life, even if retired)	108, KIND OF BUSINESS OR II	NOUSTRY 11. BIRTHPLAC	CE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	DEVELOPED IN	14. MOTHER'S	MAIDEN NAME		
Charles J. Wirth	FORCES? 16, SOCIAL	17. INFORMAN	ristine W. Els	en Address	
(Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO			ADDRESS	
no	217074	452 Naom	i L. Wirth	same	
1B.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DI	RECTLY				
LEADING TO DEATH			c cardiovascular	disease	
heart failure, asthenia, etc. tt means injury ar camplication which caused	the disease, death.)	0			
ANTECENDENT CAUSE	: ς				
DISEASES OR CONDITIONS, IF A	(B)	TO			
RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST.					
Z	(C)				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	LATED TO THE				
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	ON 20A. AUTO	PSY? (Yes or No.) 208, IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, farm, factory,	RY (e.g., in or about 21C street, affice bldg.,)NJ	. WHERE DID (If in Boltimore C	city, give exact lacotion)	
☐ UTING □ CAUSE OF DEATH.	etc.)				
21D TIME (Month) (Day) (Year OF INJURY (APPROX.)	(Hour) 21E. INJURY OCC	NOT WHILE	HOW DID INJURY OCCUR?		
22.	m. WORK	AT WORK			
	nquiry Inspection [Autopsy	and that on this basis, deat	In my apinion	
resulted fram: Natural ca	uses X Accident	Suicide Ham	icide Undetermined	manner	
1.44	6-6-	CHIEF	MEDICAL EXAMINER	DATE SIGNED	
SIGNATURE Nerger	U. Zu	M.D. ASSISTANT	MEDICAL EXAMINER	DATE STORED	
EXAMINER'S NAME (Type) Werner U.	Snitz M.D		MEDICAL EXAMINER	8/31/65	
23A, BURIAL CREMATION, 23B, DATE	23C. NAME of CEA	METERY of CREMATORY	23D. LOCATION	(City, town, or county) (State)	
burial 9-3-6	5 Marala	nd Mam Pa	nh Raltinan	MJ	
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUN	rk Baltimor	ADDRESS	
	but E. Farbert			nc Baltimore, Md.	
VS 151-REV. 1/1/65	1066	100	P P I		

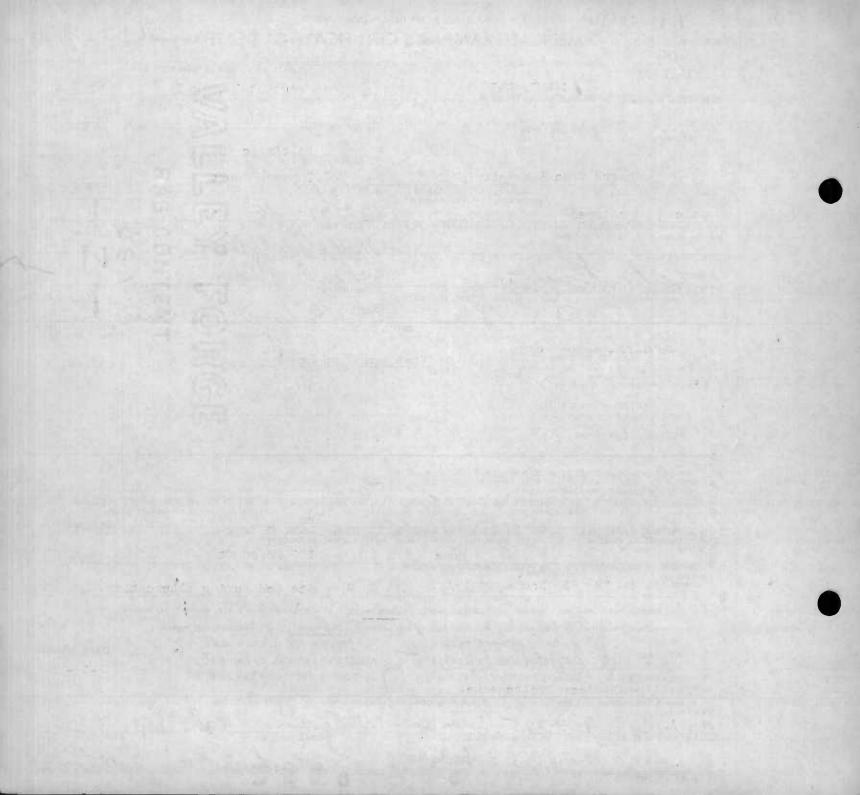


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MEDICAL EXAMINER'S CERTIFICATE OF DEATH BOOK 65

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,	11	15	6.3	(3

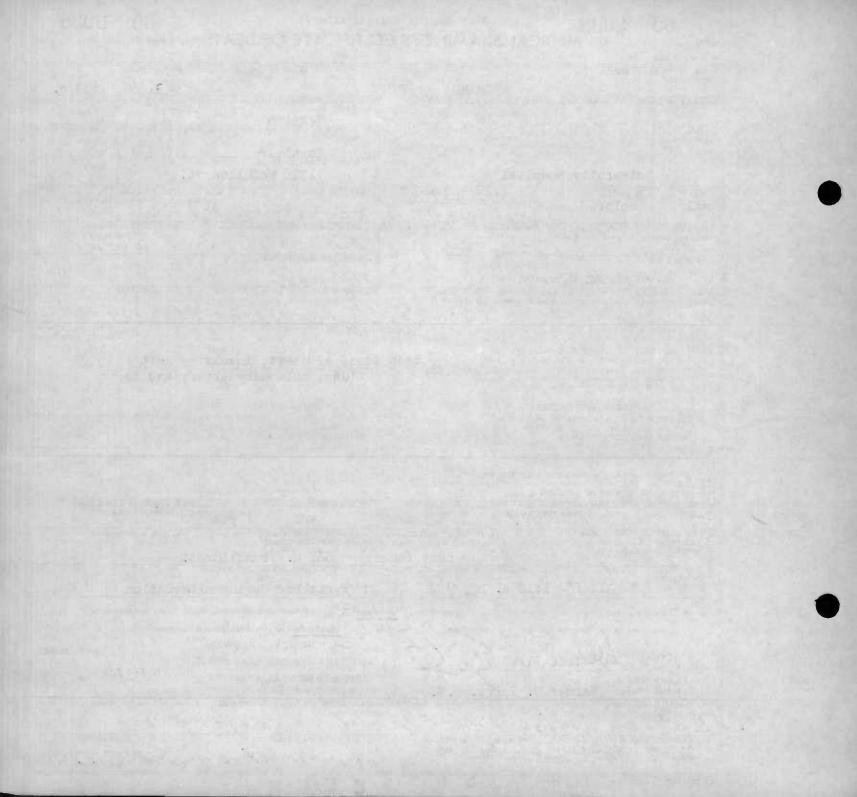
DIKITI NO.	MILL	ICAL LAA	AIIIAFK 2 (LEKTIFICA	IE OF D	EAID Kegisi	rered No.	0 0000	
M.E. CASE NO.			ET-F						
1. NAME OF DECEASED (Type or Print)					2. DATE AND	HOUR PRONOUN	CED DEAD	-	
Type of Than	CAI		Amorana	20 1065		6:00 a			
PLACE IN BALT	TIMORE, MARYLAND, V	4. USUAL RESID	ENCE (Where de	29, 1965	stitution: resid	ence before odmissio			
						B. CC	YTNU	\ /	
OSPITAL OR	(IF NOT IN HOSPI		Maryland	corporate limits, wr	te PIIPAL on	d give township			
NSTITUTION	ADDRESS OR LOC	0. 0,11 0. 10	vii (ii ooisige	corporote initias, wit	HE KOKAL UH	d give lownship?			
				I	Baltimore			3-0	
		D. STREET ADDRESS (If rurol, give locotion)							
	Church Home	202	202 Mason Court						
. SEX				8. DATE OF BIRT	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 H				
mala	WIDOWED, DIVORCED(specily)		10 A 00	10/2/	lost birthdoys	Months	Doys Hours Min.		
male	LE COlored MARRIES OR INDUSTI		URL 21	-1926	27	10			
one during most of	working life, even if retired)	NNO OF BUS	MESS OK INDUST	KI II. BIKIHPLACE	(State or foreign	country)	12. CITIZE WHAT	N OF COUNTRY?	
				martin	s. North	Conolina	c ll	SA	
FATHER'S NAN	AE, B		STATE OF THE	14. MOTHER'S M	AIDEN NAME				
711	Po Por	cht		too b	4 4	mm			
WAS DECEASE	D EVER IN U.S. ARME	D FORCES? 16. SC	OCIAL	17. INFORMANT	,	00,0	ADDRESS	44.6	
es, no or unknown	(If yes, give wor or do	tes of service) SI	ECURITY NO.	1 1 6	6	11	n 11	roll Courte	
	YES			Juke	· Knur	A- 21. L	Juha.	tt. f	
1B.	9931		CAUS	SE OF DEATH	7	7 0 711 =		INTERVAL BETWEEN	
2107.4	7 6 pk 1X				0			ONSET AND DEATH	
DISEA	SE OR CONDITION ELEADING TO DEAT	DIRECTLY H	C+-1	1 - C 1-			-		
(This does n	not mean the made o	of dving. e.g.	DUE TO	wound of h	leart			***********	
heort foilure,	, osthenio, etc. It meor mplication which coused	s the diseose.	DOE 10						
	inproducti winen coosed	geom _e ,							
UN DERLYIN	OR CONDITIONS, IF E ABOVE CAUSE (A) : NG CONDITION LAST,	STATING THE	DUE TO	00	•••••••••••				
5			(0)						
OTHER SIGN TO THE	II NIFICANT CONDITIONS	CONTRIBUTING							
TO THE	DEATH BUT NOT R	ELATED TO THE							
DISEASE OF	R CONDITION CAUSIN		***************************************					***************************************	
19A. DATE OF	OPERATION 198. CO	NDITION FOR WHICH	H OPERATION	20 A. AUTOPSY	IN	B. IF YES, WERE F	JSES OF DEA	N SIDERED	
21A. EXTERNA	L CAUSE WAS	21B. PLAC	E OF INJURY (e.g.	, in or about 21C. V			nive exact loc	ration)	
UNDERLYINGX	OR CONTRIB-	home, farm	n, factory, street,	office bldg., INJURY	OCCUR?	ominore ony,	Site exact too	2011/11/	
J CAU	SE OF DEATH.		lome	2	202 Masor	Ct.			
21 D TIME	(Month) (Doy) (Ye		JURY OCCURRED		OW DID INJUR				
OF INJURY (APPROX.)	8 29 65	5:00a WHILE	AT NOT	WHILE	1. 1.1. 1.	7.			
	2, 03	5:00a m. WHILE	L AT	WHILE X S	cabbed d	luring alt	ercatio	n	
22,	tify that I held on	Inquiry Ins	pection A	utopsy 🗴 and	that on this	bosis, deoth in	my oninion		
	10.								
resul	ted from: Notwiel co	ouses Accide	ent Suici			determined man	ner		
	1/1/2	11 7) (/-	CHIEF MI	EDICAL EXA	MINER		DATE CICHED	
ACTUAL		UsUsl	117	D. ASSISTANT MI				DATE SIGNED	
SIGNATI		-01000	Mal	ASSOCIATE M				8-29-65	
	Type)Rudiger H	Projtonockor		ASSOCIATE M	EDICAL EXA	MINEK			
A. BURIAL CREA			ME of CEMETERY	COEAA ATORY	225 12	ATION (C'			
EMOVAL (Specify		230. NA	OF CENTELEKY	OF CREMATORY	23D. LO	ATION (CIT	y, town, or co	ounty) (State)	
Prining	9-21-	-1365 (ine	en Cont-	nath Court	lucia	Calo (it	& Onul	
A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF RE	GISTRAR	24C. FUNER	AL DIRECTOR	God	A	DDRESS	
CEE			0	1	A		, A.		
SEF	1 1965 1	D. Ar & St	2. W. M.B	1/0//	1. 1.	111	200	H111	



BALTIMORE CITY HEALTH DEPARTMENT

Merchant Franklin Synen Joseph Bathmone 833 M. Stucken St. 79 mound for hawshiw supple Careline Physica plan leister Banglutes -in-law \$63 N Street Order Variables Secretary 12 - Leville Country Ungertinger

65	9038	BALTIMORE CITY HEAL	TH DEPARTMENT		65 9938
BIRTH NO.		EDICAL EXAMINER'S CI	ERTIFICATE	OF DEATH Registe	ored Na.
M.E. CASE NO.					
1. NAME OF DI	CEASED		2. D	ATE AND HOUR PRONOUNC	
2 DI A CE IN 2 A	TIMACORE MARRY AND	RICHARD BROW			31/65 1:33 a. M.
3. PLACE IN BA	LIIMORE, MARTLAN	D, WHERE PRONOUNCED DEAD	A. STATE	(Where deceased lived, It inst	nitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	C. CITY OR TOWN	and (If outside corporate limits, write	e RURAL and give township)
2			Balti	more (If rurol, give location)	04
I	University	Hospital		McCulloh St.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost bithdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male	colored	SEPARATED	NOU 4-	1933	TVIOLINIS DOYS THOUS TVIIII.
		Work TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
13. FATHER'S NA		BUTTLING WORKS	BALT 1	N NAME	WHAT COUNTRY?
11000	55 BR	ows	Marcia i		
15. WAS DECEAS	ED EVER IN U.S. AF	MED FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS
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L	982 X	CAUS	OF DEATH		ONSET AND DEATH
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	ANTEGENERAL	Allere			
DISEASES	OR CONDITIONS,	/B)			
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	ino combinion c	(C)			
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T DISEASE	SNIFICANT CONDITION CAU	ONS CONTRIBUTING T RELATED TO THE USING IT.			
2	WAS	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Ye	or No) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
O UNDERLYING	MOR CONTRIB-	21B, PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21C. WHER	E DID (If in Boltimore City, g	ive exact location)
ш	USE OF DEATH.	home (hou	se) 661 W.	Franklin St.	
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	100		the state of the s	CAL EXAMINER	
ACTU		en 1716		CAL EXAMINER X	DATE SIGNED
SIGNA		M.D.		CAL EXAMINER	8/31/65
NAME		er U. Spitz, M.D.			
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IMPORTANT

DIRECTOR:

FUNERAL

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BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

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65 9U4U	BALTIMORE CITY HEA	ERTIFICATE OF DEATH Re	OU JU4U
RTH NO. MED!	ICAL EXAMINER 3 C	LKIIICATE OF DEATH	gisiered ita.
	f .	2. DATE AND HOUR PRONO	UNCED DEAD
ANN IE	BRANCH	August 31, 19	
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE	f institution: residence before odmission
LL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland	
SPITAL OR ADDRESS OR LOCA	(TION)	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
T 42 . TV		Baltimore	15 07
Lutheran Hospit	al	D. STREET ADDRESS (If rurol, give locotion)	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In)	
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female negro	Widowed	May 6,1923 42	12. CITIZEN OF
e during most of working life, even if retired)	IND. AND OF BUSINESS OR INDUSTR		WHAT COUNTRY?
ATHER'S NAME		N. C.	U.S.A.
William Parke	22		
WAS DECEASED EVER IN U.S. ARMED		Lillie Hawkin	ADDRESS
, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.		
No	241-30-704	9 Helen Goodwin 1645	
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resulted fram: Natural car	uses X Accident Suicio		nanner 🔛
	10	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL VI	M. / /		
ACTUAL SIGNATURE	esturbly M.C	assistant MEDICAL EXAMINER	
SIGNATURE EXAMINER'S		ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	
SIGNATURE EXAMINER'S NAME (Type) Rudiger	Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER	September 1, 19
SIGNATURE EXAMINER'S NAME (Type) A, BURIAL CREMATION, 23B. DATE MOVAL (Specify)	Breitenecker, M.D.	or CREMATORY 23D. LOCATION	September 1, 19 (City, town, or county) (Stote)
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SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, MOVAL (Specify) Urial A. DATE REC'D BY HEALTH DEPT.	Breitenecker, M.D.	or CREMATORY 23D. LOCATION	September 1, 19 (City, town, or county) (Stote)
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bewobin

William Parker

May 5,1923

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Lillie Hewkin

Chi-30-7049 Relen Goodwin lous N. Ellawount

Burtal

9/a/65 Church Cam.

Welden, M.C.

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•	contribution to regular regular preased purishments on is made.		ale	6. RACE Negro	Wid	o, NEVER MARRIED ED, DIVORCED (specify) OWED	5-17-	1894	9. AGE (In years lost birthdoy) 71	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	P - D - D -			JPATION (Give kind of work working life, even if retired)	108. KIND 0	F BUSINESS OR INDUSTRY	Maryl		ign country)	12. CITIZEN OF WHAT COUNTRY?
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TAN	kind; death nce on	15. (Ye:	Wos Deceased s,no or unknown NO	Ever in U. S. Armed Ford Off yes, give wor or dote	s of service)	216 10 1403	Record		+940 Easte	rn Avenue 21224
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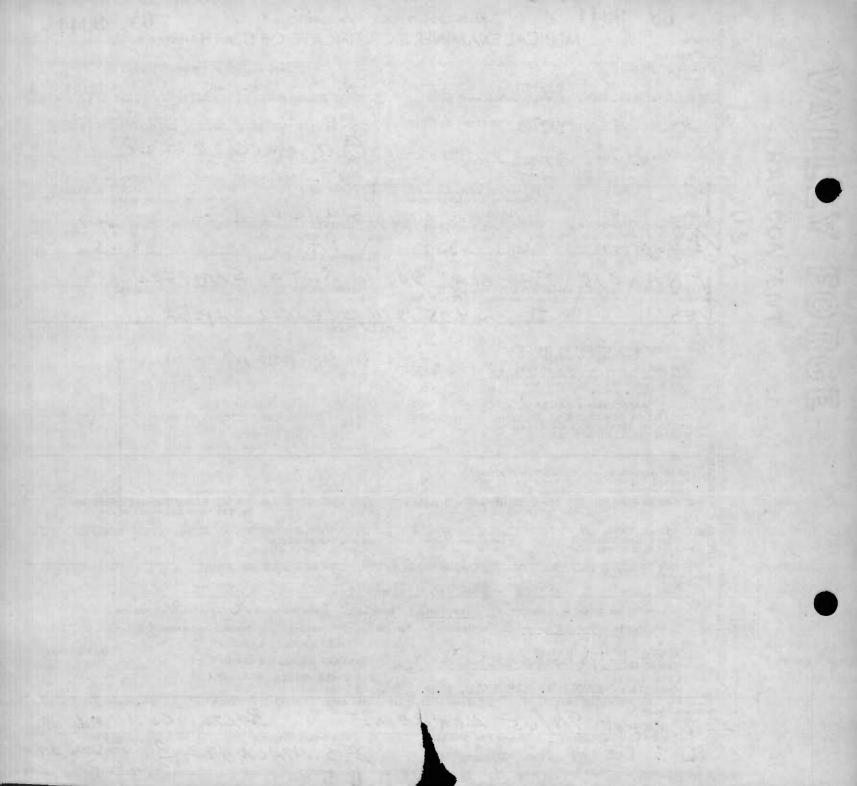
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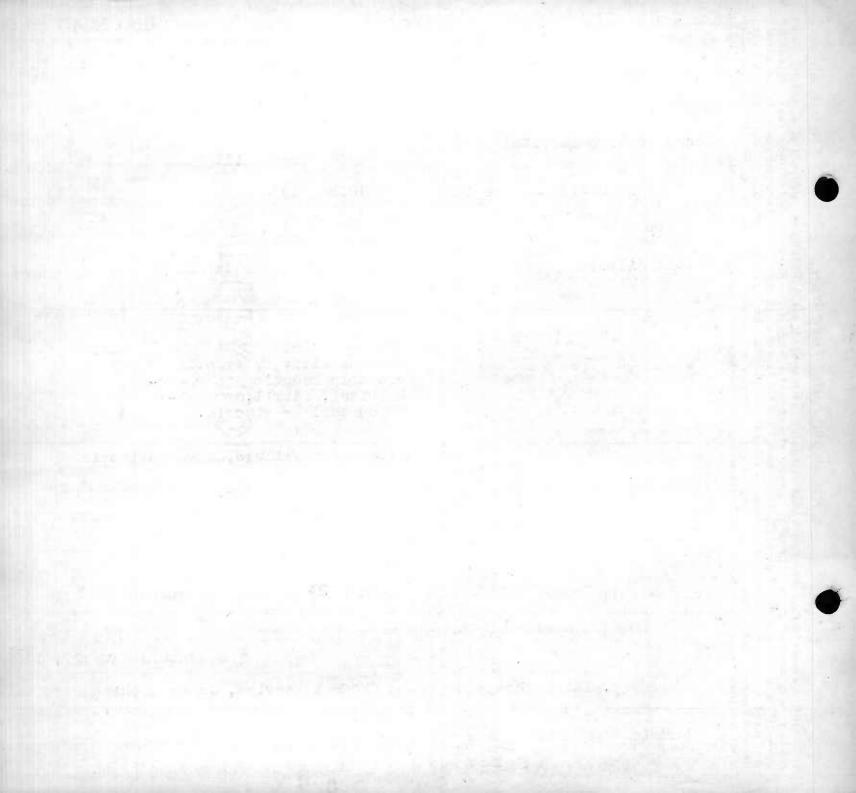
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. MAE. CASE NO. I. NAME OF DECEASED TRANCIS T		65	9044		BALTIMORE CITY H	EALTH DEPARTMEN	чт V	6.5	9044
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ADDRESS OR COCATION. ST. AGNES HOSPITAL - DOA ST. AGNES HOSPITAL - D	3. F	LACE IN BALII	MORE, MARTLAND,	WHERE PRONO	UNCED DEAD	A. STATE	DENCE (Where decease		
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OF INJURY (APPROX.) 22. Certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinian resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) PETER W. RIECKERT, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) WICHIAL CREMATION, 23B. DATE 24B. NAME OF REGISTRA 24C. FUNERAL DIRECTOR ADDRESS	EDI			etc.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, omes siege, mos k			
Capprox. White AT Not white AT Work	Σ		(Month) (Doy) (Y	eor) (Hour)	21E. INJURY OCCURR	ED 21F. H	OW DID INJURY OC	CUR?	
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REMOVAL (Specify) NTOMBMENT 9/1/65 LORPAINE BALTO, CO. M.L. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRA 24C. FUNERAL DIRECTOR DADDRESS		NAME (T	ype) PETER V			NO. OF THE RESERVE			8-30-65
NTOMBMENT 9/1/65 LORPHINE DALTU, CO. M.L. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRA 24C. FUNERAL DIRECTOR ADDRESS				23	,		23D. LOCATIO	N (City, town,	or county) (State)
	1	Tomam	ENT 9/1	165	LORRA	INE	BALI	0. 60,	ML
	24A	DATE REC'D	1965 A	24B. NAME	OF REGISTRA	24C. FUNER	AL DIRECTOR	20 0	FREDERICE.

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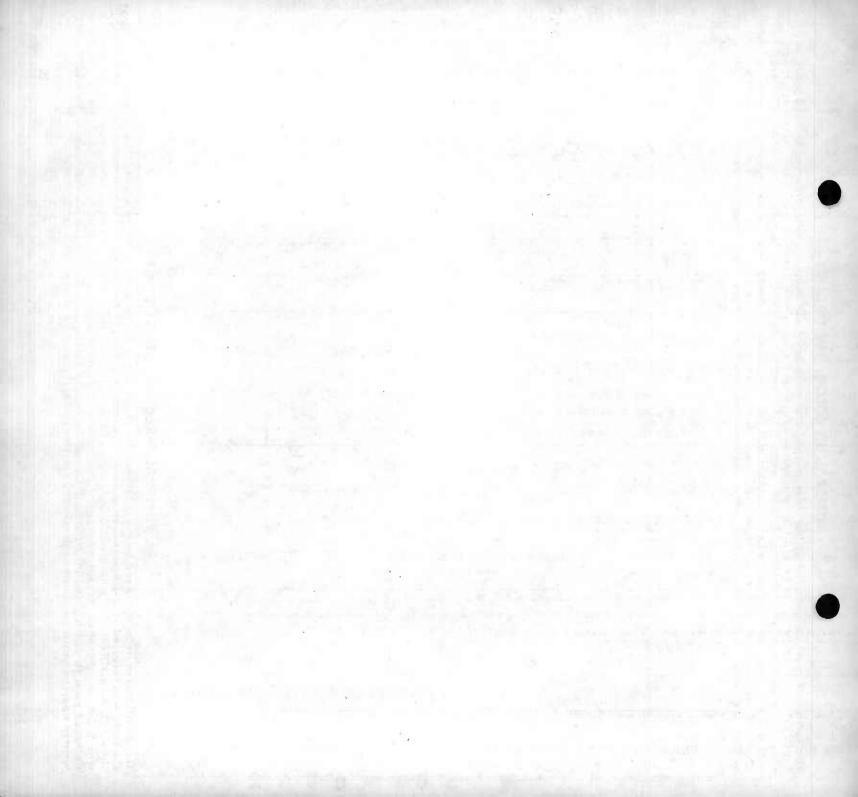


BALTIMORE CITY HEALTH DEPARTMENT



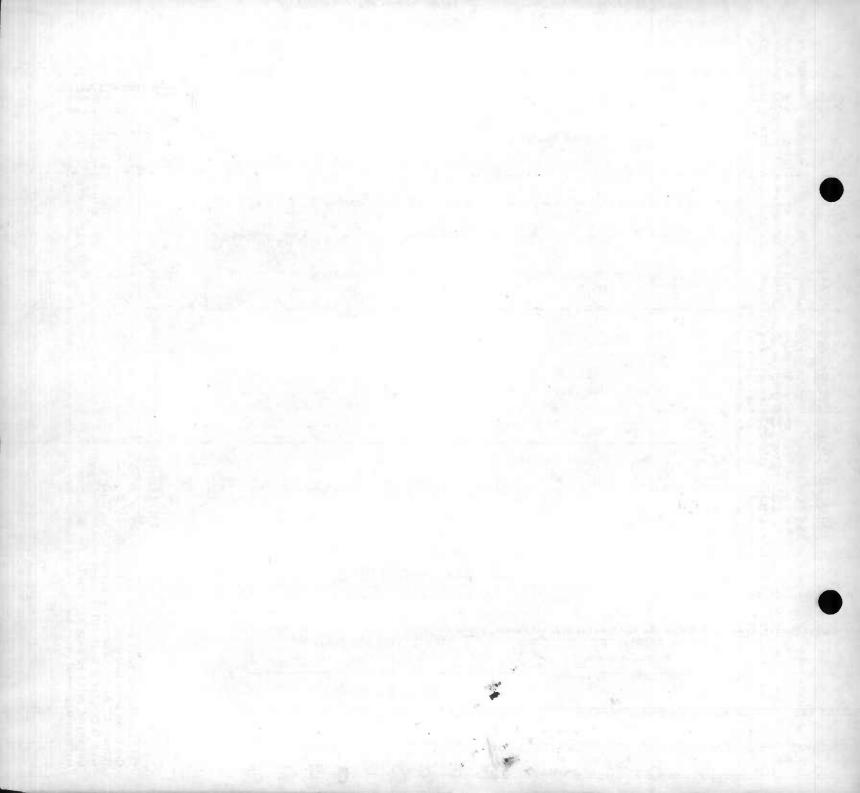
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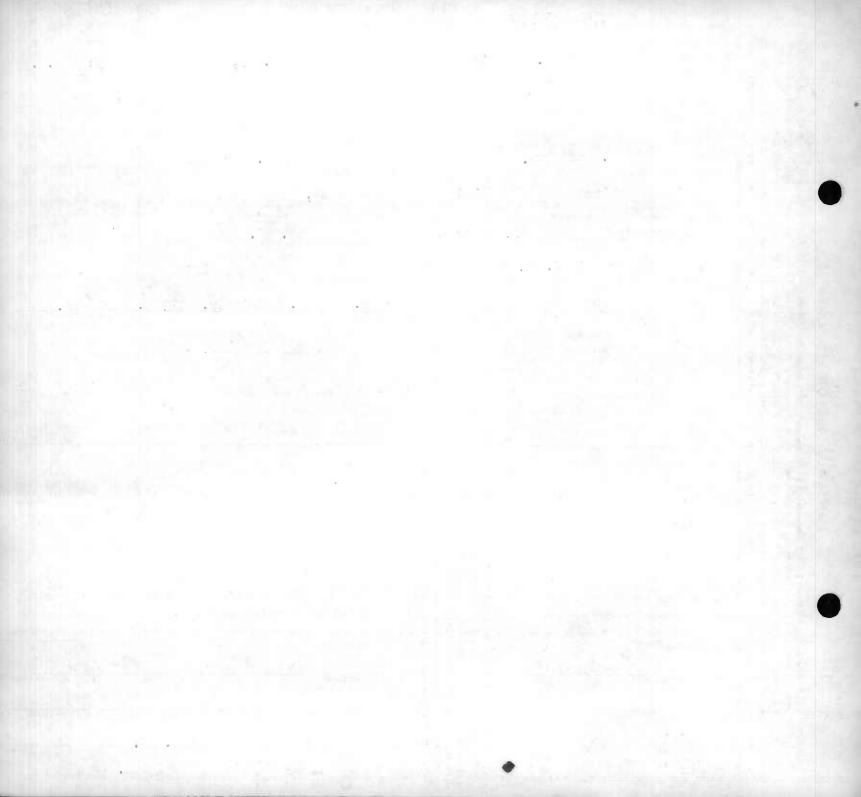
FUNERAL DIRECTOR:



FUNERAL DIRECTOR: IMPORTANT

() Pr. () () () () ()	BALTIMORE CITY	HEALTH DEPARTMENT	05 00 15			
BIRTH NO. 65 9847	CERTIFICA	TE OF DEATH Registered No.	65 9047			
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
(Type of Print) William A. Rie.	C	August 30,1	9651 1 65 Du			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	3	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)			
		A, STATE B. COUNTY	7-03			
HOSPITAL OR (If not in hospital or institute oddress or location)	ion, give street	C. CITY OR TOWN (If outside city limits, write	18AL and aive township)			
INSTITUTION		Baltimore	Site one give to whomp,			
Mercy Hospital		D. STREET ADDRESS (If rural, give location)				
) riary		2905 Shirey Au	чемие.			
	RIED, NEVER MARRIED	8. DATE OF BIRTH 9, AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Male Caucasian Neve	WED, DIVORCED (specify)	7-17-1881 lost birthdoys	Months Doys Hours Min.			
OA. USUAL OCCUPATION (Give kind of work 10B. KINE			12. CITIZEN OF			
done during most of working life, even if retired)		Baltimore, Md.	WHAT COUNTRY?			
SALESMAN ENV	ELOPES	13	USA			
		14. MOTHER'S MAIDEN NAME				
John Ries		Mary Lambert				
5, Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
1/0	215-02-0401	HICKELL SANGELL DOLC	- CHIDEY AIM			
1B, <	CAUSE O	HASKELL SEWELL DGOS F DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH			
LEADING TO DEATH	in the	crocolitis + Pnemonia	15 days			
(This does not mean the mode of dying,		1.1.500,000,000				
heorl failule, asthenia, etc. It means the dise injury ar camplication which caused death.)	use,					
ANTECEDENT CAUSES	(B)	***************************************				
DISEASES OR CONDITIONS, if ony, give						
rise la lhe abave cause (A) slating	the (C)	***************************************				
UNDERLYING CONDITION Iosi.						
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING					
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		erotic cordiovascular d	is unknown			
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		No IN CERTIFYING CAU	SES OF DEATH?			
	21B. PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID (If in Boltimore	City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?				
U	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY	While At Not While					
(APPROX.)	Work At Work					
22. I certify that (1) (this hospital) attended	ed the deceased fram	ugust 18 19 65 to Aug	rest 30 19 65			
that (1) (we) lost saw the deceased alive	on August 30	19ond that in(my) (our) opin	ion deoth occurred on the dot			
ond haur and fram the couses stated abov						
23A. SIGN ATURE		To the star, and star star star star star star star star	23 B. DATE SIGNED			
mary Tim Rath	M.D. Atte	ending Med. Stoff S. Director Phys.	Aug 30, 196.			
23C. PHYSICIAN'S		23 D. ADDRESS	Trug so, 110			
NAME (Type)		MA III amistal	Bay 00			
	M.D.	Mercy Hospital	DUX 78			
REMOVAL (Specify) 248. DATE 249	C. NAME of CEMETERY of CRI	MATORY 24D, LOCATION (City	r, town, or county) (State)			
BURIAL 9/2/65)	PARK WOOD CE	METERY PARKUILLE	mo			
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	PARKUILLE 25C. FUNERAL DIRECTOR	ADDRESS			
SEP 2 1965 P.O. 1 & 8	Fasberett C	WELL TOYCHE FUNESTAL HOS	ME 4/210 BELAIR			
VS 150-REV. 1/1/65		00000	- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			





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	E CASE NO.									
l. (Ty	Pe or Print)					2. DAT	TE AND H	IOUR PRONOUNCE	ED DEAD	
2 1	N A CT IN BALT		HUR MOO			Au	gust	28, 1965		9:30 p M.
3:	FRTI	MORE MARYLAND, WI	HERE PRONOL	ENDED	A. STATE	RESIDENCE (V	Where dec	B. COU	NTY	dence befare admission)
FU	I NAME OF	IT NOT IN HOSPITA	L OR INSTITE	TION, GIVE STREET	C CITY OF	New		orporate limits, write	PILPAL	nd give township
IN S	SPITAL OR	ADDRESS OR LOCA	TION)	10-8-65	C. CITT ON	. IOWN (III	duiside Co	orporate limits, write	KORAL U	na give iawnsnip/
	4					Bron			1 - 2	6 J
1	12					ADDRESS (I				
		inai Hospita					shing	ton Avenue		
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF			9. AGE (In years last birthday)		r 1 Yr. If Under 24 Hrs. Doys : Haurs Min.
	male	colored	Marr	ied	April	25, 19	916	49		
		PATION (Give kind of work varking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (Stote or	r foreign c	ountry)	12. CITIZ	EN OF AT COUNTRY?
	Merchant		Americ	an Export	Savar	mah, G	eorgi	a		.S. A.
	FATHER'S NAM		-	- 		S MAIDEN				
	Unk				Liz	zie Moo	ore			
		DEVER IN U.S. ARMED		16. SO CIAL	17. INFORMA	ANT	100		ADDRES	S
(Te:	No	(If yes, give wor or dates	s at service)	SECURITY NO.	S. Je	ones Fu	mera]	Home, Save	annah	, Ga.
	1B. = 9	0.3 (5.	4	CAUSE	OF DEATH					INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTIV							ONSET AND DEATH
	Down Town	LEADING TO DEATH		Crar	nio-cer	ebral :	injur	ies		
	heort failure.	at meon the made af osthenio, etc. It meons application which coused d	the diseose.	DUE TO			······································	••••••••		
		NTECENDENT CAUSES		(B)						
	RISE TO TH	OR CONDITIONS, IF AI E ABOVE CAUSE (A) ST	ATING THE	DUE TO						
7	UNDERLYIN	IG CONDITION LAST.		(C)						
Õ		ll .								
×	OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTIE	NG .						
쁘		DEATH BUT NOT REL		HE				***************************************		
ERTIFICATION		OPERATION 198, CONI	DITION FOR	WHICH OPERATION	20A. AUT	OPSY? (Yes o		L IF YES, WERE FIN		
ਹ	21	WAS PERF	ORMED		Ye	S	IN	Yes	ES OF DE	EATH?
Ι₹	21 A. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n ar obout 21	C. WHERE	DID (If in		ve exact la	acotian)
EDIC	UNDERLYING TO CAU		etc.)	, form, factory, street, a	thee bldg., IN					22,0
ΜĒ	21D TIME	(Month) (Doy) (Year)	(Haur) 2	Alley	21	5426 I	Park l	Heights Av	enue	1/10
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	22. 1 cert	ify that I held an In	nquiry 🗌	Inspection Aut	opsy X	and that	on this b	asis, death in m	ny apinia	n
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		1/2/1/1	À			F MEDICA			7-00	
	ACTUAL	- //15	1014	11.11		T MEDICA				DATE SIGNED
	SIGNAT		1010	M.g.						8-29-65
	EXAMIN NAME (Breiter	necker	ASSOCIA	E MEDICA	AL EXAM	MINER		0-25-05
	BURIAL CREA	MATION, 238, DATE		C. NAME OF CEMETERY O	CREMATOR	RY S	23D. LOC.	ATION (City,	town, or	caunty) (State)
RE/	MOVAL (Specify			Cherokee Hill						
24	Buri.	BY HEALTH DEPT.		OF REGISTRAR	240 51	INEDA! DIST	Save	nnah, Geo	rgia	ADDRESS
24/	. DATE REC'D	BI MEALIN DEPI.	24B, NAME	OF REGISTRAR	24C. FL	INERAL DIRE	ECTOR			ADDKE22
	SEP 2	1965 R.O. B	E . Fa.	Over Hall	Sie			es,124 W.		Ave.
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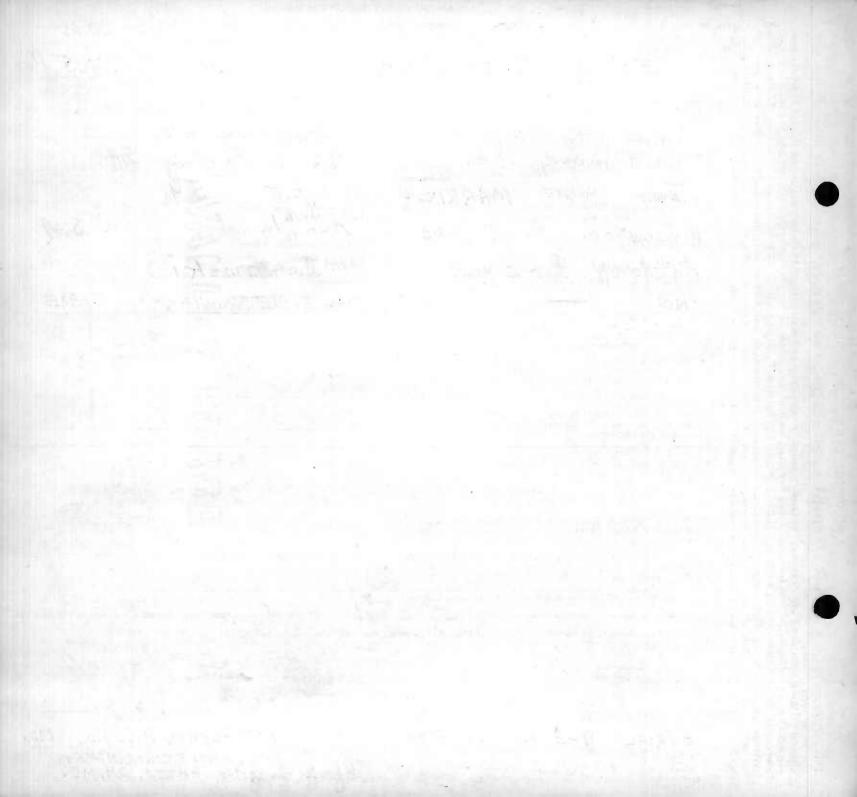
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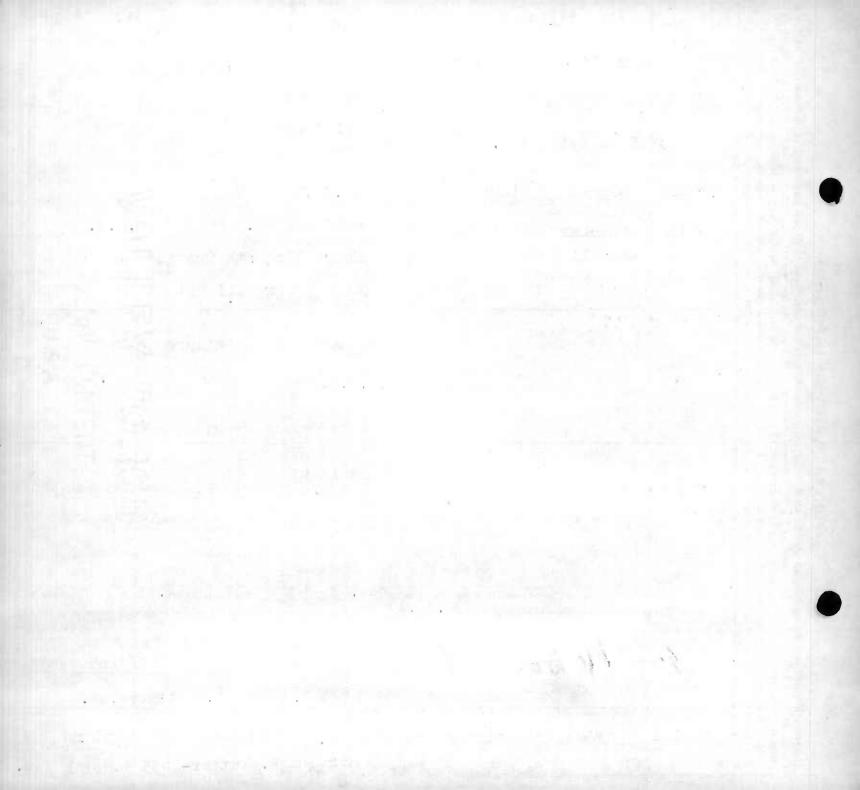
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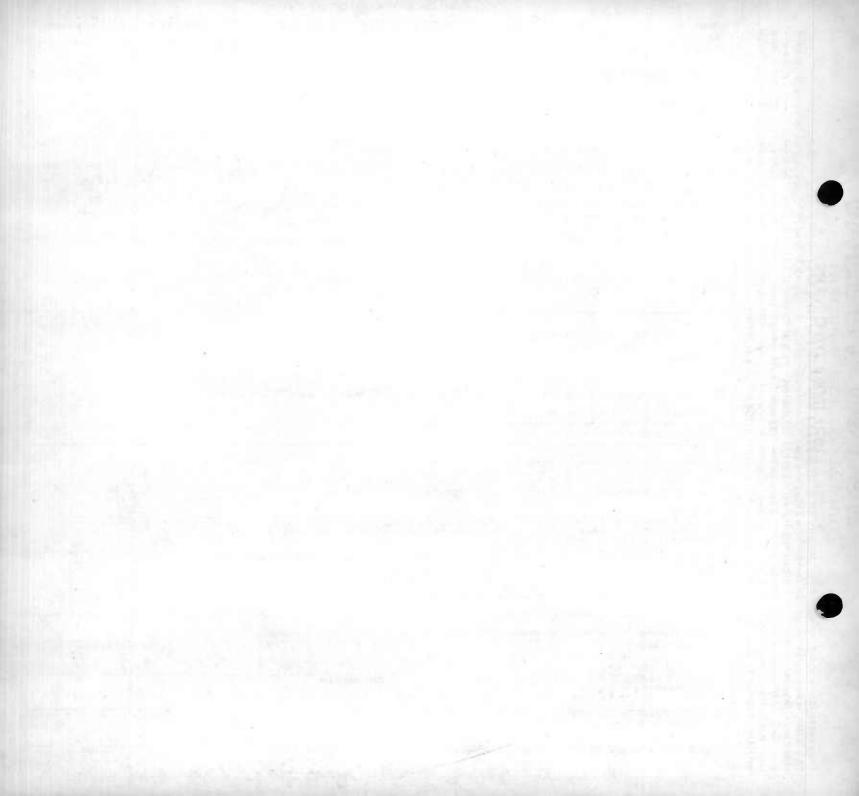
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T.	BALTIMORE CITY	HEALTH DEPARTMENT	CE	00-0			
BIRTH NO. 65 905	3 CERTIFICA	TE OF DEATH	Registered Na. 65	9053			
M.E. CASE NO.	331(11110)		OUR OF DEATH				
Type or Print) FIDRENCE	E PRIC	E Z. DATE AND H	OUR OF BEATH				
PLACE OF DEATH IN BALTIMORE MARYLA		4. USUAL RESIDENCE (Where de	F// 60	i maidana kalan adalah int			
TENCE OF BEATH IN PARISHONS, MARIEN		A. STATE B. COUNTY	ceosea ilved. Il institution	r: residence before odmission			
FULL NAME OF (If not in hospital or ins	titution, give street	MARYCHAID	6	1-11			
HOSPITAL OR oddress or focation) INSTITUTION		C. CITY OR TOWN (If outside	city limits, write RURAL	ond give township)			
11 1 00		BALTIMOI	o E				
1 Allen MEMER TO			give location)				
UNION MEMORIAL		508 ROYEHILL	TERRAC	E			
	ARRIED, NEVER MARRIED			nder 1 Yr., If Under 24 Hi			
TEM	DOWED DIVORCED (specify)	3-16-1884 lost	birthdoy) Mont	ns Doys Hours Min.			
DA. USUAL OCCUPATION (Give kind of work 108,	CIND OF RUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign c	81	TATACH OF			
one during most of working life, even if retired)	9 -	Control of toreign c	12. C	TITIZEN OF			
HOUSEMOTHER.	OCHOOL	ENGLAND		U.S. A.			
3. FATHER'S NAME)	14. MOTHER'S MAIDEN NAME	0				
Lange H	DICE	MARY A	(1)	2000			
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	TZ INFORMANIA	NN CUL	KIWWN)			
es, no or unknown) (If yes, give wor or dotes of	ervice) SECURITY NO.	17. INFORMANT	0	LD MAINIES			
No	NONE	11/8 HAINA OL	JANNON REIS	TERESTEL AL			
18. 4 22. 11	CAUSE O	F DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTL	Y	2	10	ONSET AND DEATH			
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(This does not mean the mode of dyin	e.g., DUE TO	- Little The State of the State					
heart failure, asthenia, etc. It means the a		1- 10 11	. 1	91.1			
ANTECEDENT CAUSES	(B) UD2	Sistive Hearth	ri lure.	veeks			
	DUE TO	1000	/				
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) statis	giving (C)	Soler Cardio	Ukre Dis	Chenin			
UNDERLYING CONDITION lost.	annaha ann an annah		V				
Z OTHER CONFIGURATIONS CONT.				· ·			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	20 A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDING CERTIFYING CAUSES O	GS CONSIDERED				
		No.	CEVILLING CHOSES O	T DEMIN:			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218, PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore City,	give exact location)			
DEATH (notify medical examiner)	home, form, foctory, street, of	mee orage metoki OCCOK!					
21D. TIME (Month) (Doy) (Year) (Ho	and 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUP				
OF INJURY	While At Not Whil						
(APPROX.) Work At Work							
22. I certify that, (+) (this hospital) atta	ended the deceased from 9/2	4 7/3 196	5 to 1/5	1965			
that (1) (we) Tost sow the deceased oli	ve on 7/5	19 65 and that in	(my) (out) opinion de	eath occurred on the de			
and hour and from the causes stated of	//	tour she had a few trad	// es-i/ opinion di	or the di			
234. SIGNATURE	vove. (i) (m) tala) (ala not) v	iew the body offer death.	loca =	At 00000 11			
Xata Y 1/2 has)	ending Med Sloff	. / ~	ATE SIGNED			
ORB 1. VONERCU	M.D. Alte		8,	12//63			
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1				
TAINE TYPE	M.D.						
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCAL	CON (City)	(6:			
REMOVAL (Specily)	THE OF CEIVIETERS OF THE	Z40. LOCAT	Q (City, fawn	, or county) (Stole)			
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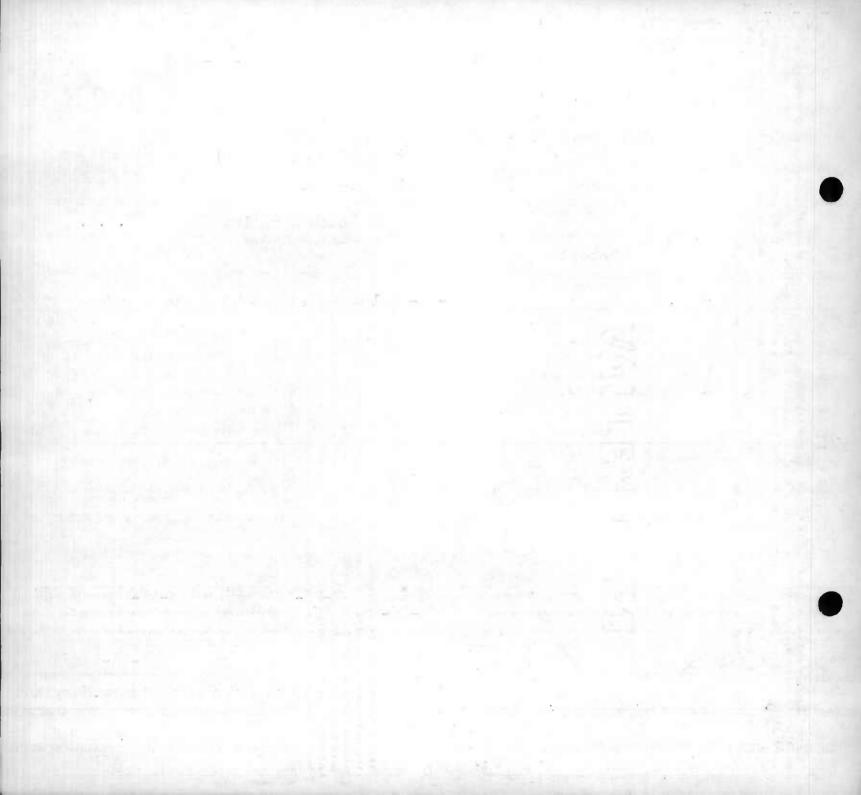
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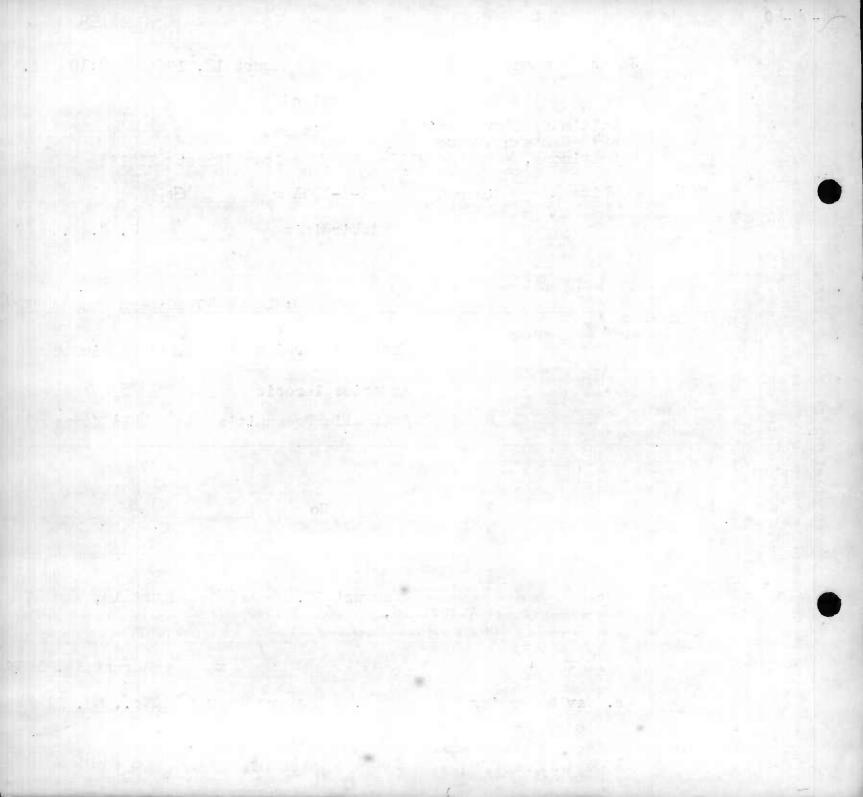




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_ N	M.E. CASE NO.	ATE OF DEATH Registered No. 65 9056
	Type or Print Keuin Fields	Aug 30/1965 - 1145 A.M.
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B, CQUNTY
	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)	18. 180
	INSTITUTION The Johus Hopkins	C. CITY OR TOWN (If outside city limits, with RURAL and give township)
3	Hospital	D. STREET ADDRESS (If rural give locotion)
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH, 9. AGE (In years If Under 1 Yr.) If Under 24 Hrs.
	MINOWED, DIVORCED (specify)	Auly 31 65 (ast birthdoy) Months Doys Hours Min.
	0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST lone during most of working life, even if retired)	WHAT COUNTRY?
	Conservation Conservation	BALTIMORE Md. U.SA.
1	CARL FIELDS	COROLYN SKINNER
Y	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	0	MIOTHER 1208 wouldo Ct. Aft. 2.
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
4	DISEASE OR CONDITION DIRECTE	the first and the second property.
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	Interstitive neumontes:
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	rise to the above cause (A) stating the UNDERLYING CONDITION last.	
	II SO	
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
01414	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
470	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g OR CONTRIBUTING CAUSE OF home, farm, factory, street,	w, in or about 21 C. WHERE DID With in Boltimore City, give exact location)
1	DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
1	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not W	21F. HOW DID NIURY OCCUR?
	(APPROX.) Work At Wo	" DAD 1145/ALL ALG 30
	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an	19 ta 19 and that in(my) (aur) apinian death accurred an the date
	and hour and from the causes stated above. (I) (We) (did) (did not	
	23A. SIGNATURE	23B. DATE SIGNED
	(C	Altending Med. Staff Phys. 8/36/65
	23C. PHYSICIAMS NAME (Type) R. HASLAM	23D. ADDRESS D. JOHNS HOPKINS HOSPITAL
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (State)
	CREMATION 9-1-65 JHH	601 N. BROADWAY, BALTO. MD.
2	SEP 2 1965 Paleub E Farley	25C. FUNERAL DIRECTOR ADDRESS
	SEP 2 1965 Robert E. startey 17 17 1765	O HOSKITAL DISPUSAL

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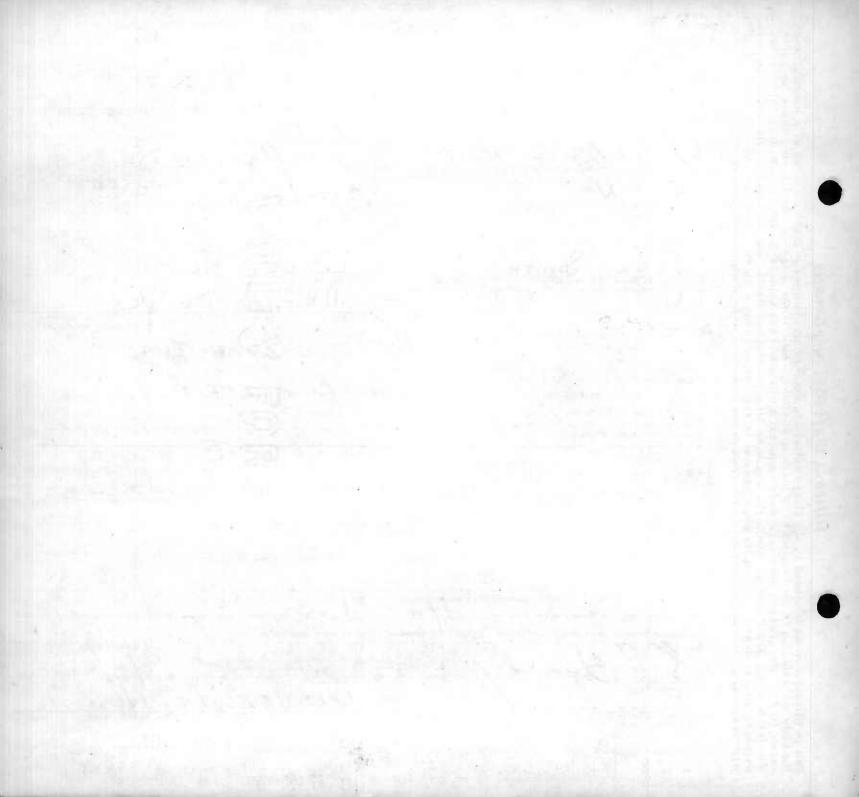




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6	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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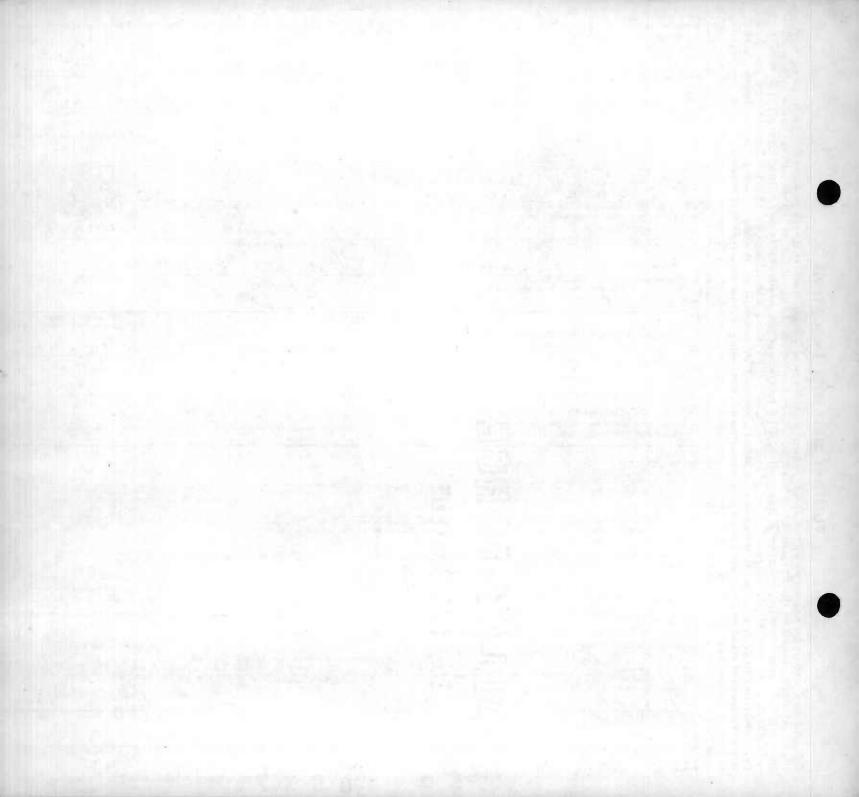
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N.E. CASE NO.		2 DATE AN	D HOUR OF DEATH	20
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PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	TY	
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INSTITUTION	1	Baltin	//	to.
28 University 14	ospilal	- n.	rural, give tocation)	1 61
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	ED, DIVORCED (specify)		3 his 45 mg	Months Doys Hours Min
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		U. H. E.	nergercy B	on USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE A	
5. Wos Deceased Ever in U. S. Armed Forces?	13 6 000101	Glova	Haskins	A 5 5 5 5 5 5
es, no or unknown) (If yes, give wor or doles of service)	SECURITY NO.	17. INFORMANT HOSPITE	e Record	ADDRESS
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heart failure, asthenia, etc. It meons the diseas injury or complication which coused death.)	e,	(
ANTECEDENT CAUSES	(B)		******************************	
DISEASES OR CONDITIONS, if ony, givin	9			
rise to the obave cause (A) stoting the UNDERLYING CONDITION last.	(C)	***************************************		
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
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OR CONTRIBUTING CAUSE OF	IB. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact tocation)
DEATH (notify medical examiner)	c.)	TO STORY OCCUR.		
OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
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22. I certify that (I) (this haspital) attended	the deceased from	(lug. 8 1	9 65 to	9.8 1960
that (I) (we) last saw the deceased alive an	aug. 8	18/65 and the	ot in (my) (our) apini	death accurred on the
and haur and fram the causes stated abave.	(1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE				B, DATE SIGNED
Thace I' Imm	M.D. Atte	nding Med. Director	Stoff Phy s.	
23C. PHYSICIAN'S NAME (Type)	36.6	23D. ADDRESS		
Grace Ayu	X AO M.D.	Umressly.	Hospital	
4A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF GENETERY OF CRE	MATORY AND SALL	CATION I LAID	town, or county) (State
8-31-65	HIMINICOC	ITY MEDICAL	SCHOOL	
	OF REGISTRAR	25C. FUNERAL DIRECTOR	SCHOOL	ADDRESS
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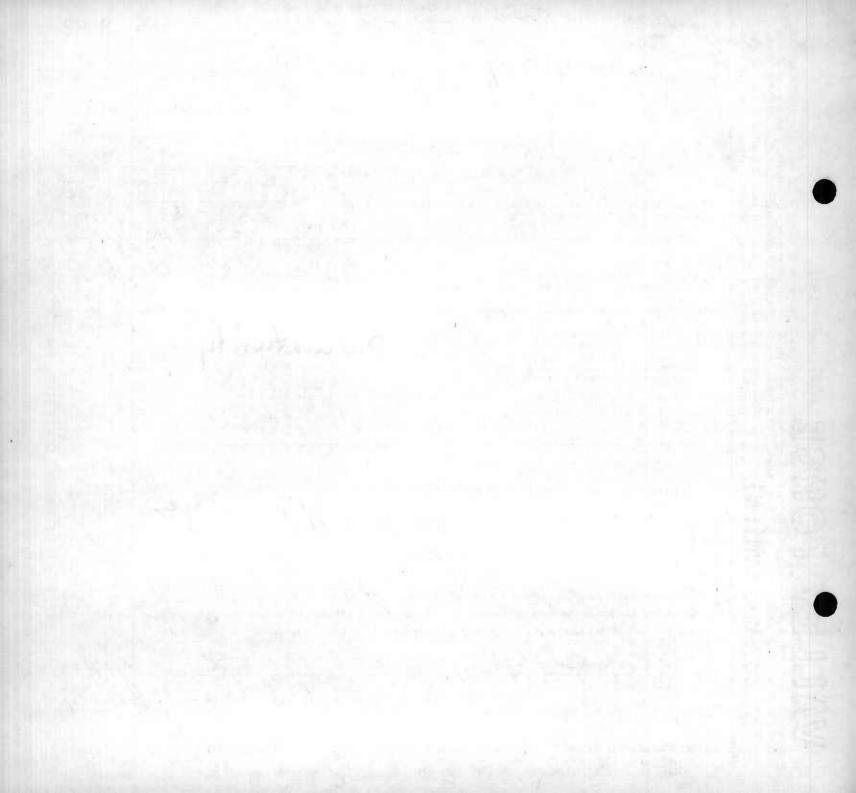


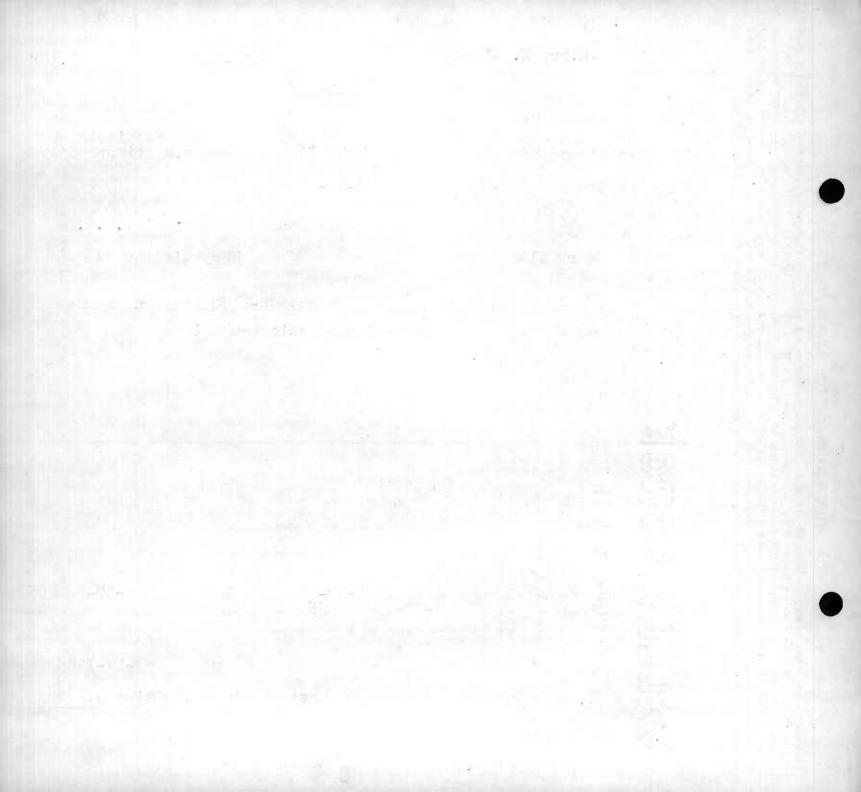
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BALTIMORE CITY HEALTH DEPARTMENT



M-160	BIRTH NO.65-20706 65 9062 CERTIFICATE OF DEATH Registered No. 65	002 4
and eoth ased the	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH	002
7 0 0	3. PLACE OF DEATH IN BALTIMORY, MARYLAND WEBER 8-20-65 4. USUAL RESIDENCE (Where deceosed lived. If institution; reside A, STATE 8. COUNTY	1002 P. M.
a hospitol cause of c se; (5) Dec andance or	FULL NAME OF HOSPITAL OR oddress or location) (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give street)	gones (
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RTAR ssistor the d kind deat nee o		ERSITY BLVDE SPRING, MD
IMPORTANT or his assistont Also, if the dir s of any kind; (ounced death ittendonce on	CAUSE OF DEATH	RVAL BETWEEN SET AND DEATH
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	Med. Stort Mending Med. Stort Med.	GNED 4/
certificate must body was releas ss: (1) An accide D.O.A. at a hos ased prior to de ten approval mu	23C. PHYSICIAN'S NAME (Type) M.D. Maryland Lenen Hospi	Tel
This certifi the body v shows: (1) was D.O.A deceased	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY & GREMATORY ARD 24D LOCATION Y LAW Dwn, V co	unty) (Sfate)
This ce the boc shows: was D. deceas	SEP 2 1965 Robert E. Faller III MORTUARY SERVICE BCF	ADDRESS D





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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

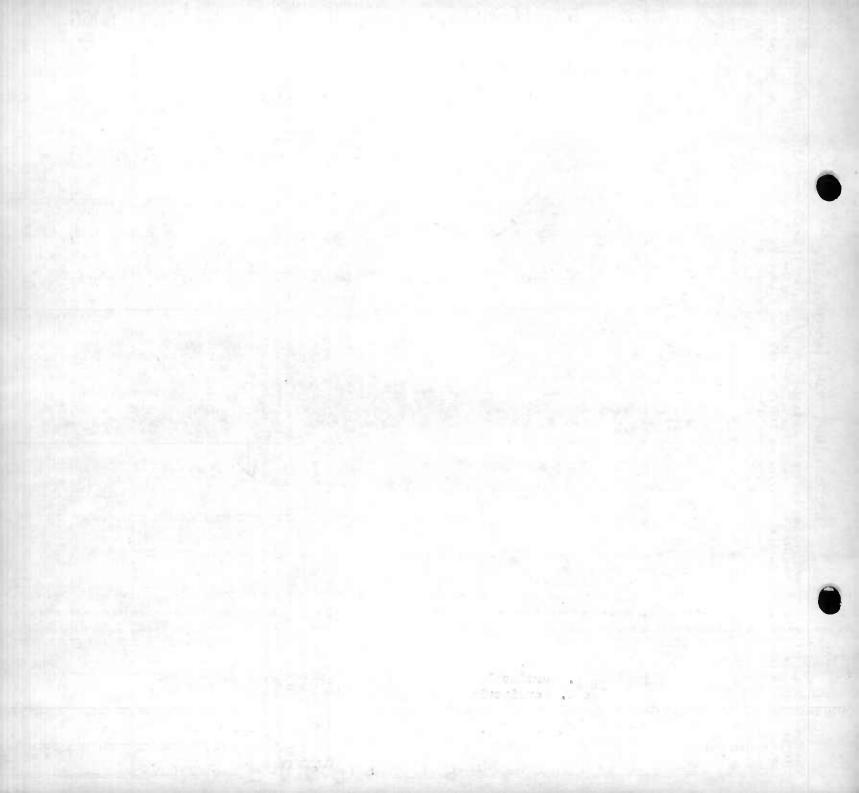
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	. CASE NO.		lo BATE	AND HOUR OF DEATH	
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	Alice Ward Tro	bach	S-	est. 1 194	DA D TI M.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If in:	stitution; residence before admission)
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1 1	land where male.	000	D. STREET ADDRESS	(Il rurol, give location)	
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	whemploned own	HOME	111104190	in	D.S. A.
3. 1	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Carrie		Martin 1	TOPARO	BARET M. DAVIDSON
	George Ward	19.4	1.10/110	(a.	
5. V Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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_	(10)	217-48-3573	HOSP ITAL	CHIN	
	18.443XI	CAUSE O	E DEATH	. / 0	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	/ /	0 1/0/0	1/2. 1/4.	1/1/1
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	DISEASES OR CONDITIONS, if ony, giving	(P)	e de la	175 000	101
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	UNDERLYING CONDITION last.	1	1		
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MEDI	OF INJURY			INJURY OCCUR?	
2	(ABBBOY)	hile At Not While At Work	e		
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	22. I certify that (I) (this haspital) attended	the deceased fram		19 65 10	Sept. 19 65
	that (I) (we) last saw the deceased alive an	Sept 1	19 635 an	d that in (my) (our) opin	nion dath occurred an the date
	and haur and from the causes stated above. (The state of the s			
		() (ala) (ala 1101) V	iew the body diter dec	11114	Tool Gare blank
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	1 XXXX Um	M.D. Atte	ending Med.	Stoff Phys.	9///03
	23C. PHYSTC/ANS		23D. ADDRESS		
	NAME (TYPE), (1157	10000	30 - 1	(), -, -	50 110
	SAL SHAS. E.	HRK JR M.D.	200010	CHARLES	ST. YVIA
24A	BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY or CRI	MATORY 24	D. LOCATION (Ci	ty, town, or county) (State)
	REMOVAL (Specify)	- Committee on			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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		OF REGISTRAR	25C. FUNERAL DIREC	CTOR	ADDRESS
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if death occurrect or contributed (4) Undetermine was in regula the deceased	10. do	SEX 6. RACE WHITE WIDOWED DIVORCED (specify) 9-13-76 USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) FRANCE FATHERS NAME 14. MOTHER'S MAIDEN NAME MARIE MOREL 15. LITIZEN OF FRANCE WHAT COUNTRY: WHAT COUNT	-/.
IMPORTANI or his assistant Also, if the dir oounced death	15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ST. AGNES RECORDS -CATON & WILKENS A	- \ V
DIRECTOR: lical examiner of examiner. Ins; (3) A fracture of examiner. Ician who pronucias in regular of examiner.	(6) No physician was in regulined before the remains are emaculated to the remains are mannered to the remains are emaculated.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This, does not mean the mode of dying, e.g., heaff failure, osthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stating the UNDERLYING CONDITION lost. (A) Coulcidate Acade Aca	000
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ed by th nospital ature; (; pt wher (6) No		DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) Not While Work At Work	-
e must be app released to tl accident of an a hospital (e) or to death); c		22. I certify that (I) (this hospital) attended the deceased fram AUGUST 22 19 65 to SEPTEMBER 1 19 65 that (I) (we) last saw the deceased alive an SEPTEMBER 1 19 65 and that In(my) (our) apinion death accurred on the date and have and from the couses stated above. (I) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE Attending Phys. 23D. ADDRESS NAME (Type) MIGUEL A. HEREDIA M.D. CATON & WILKENS AVENUE	
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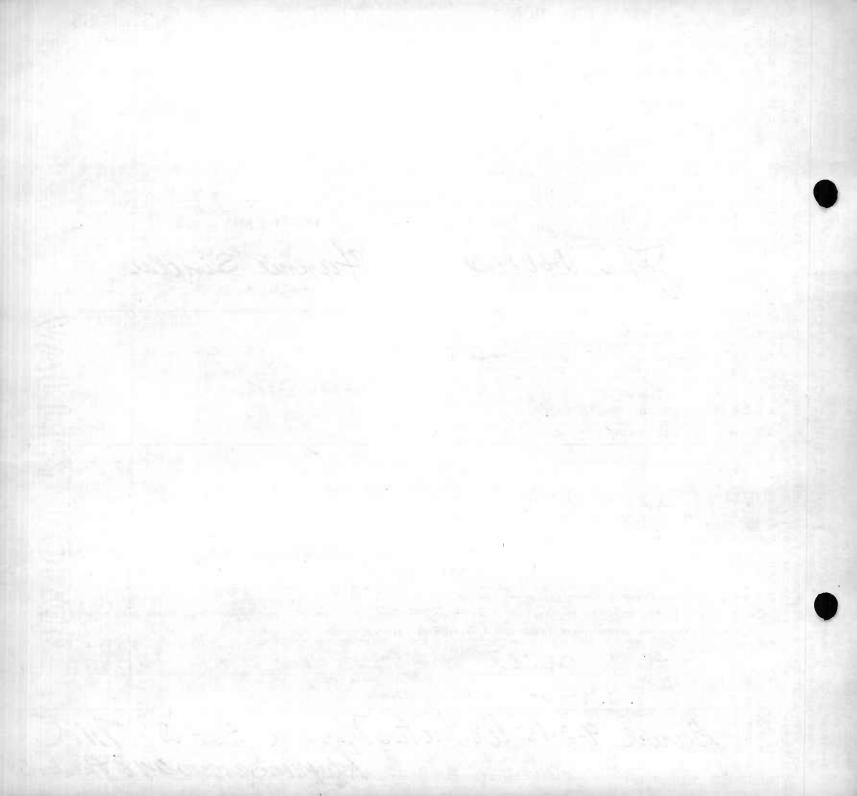
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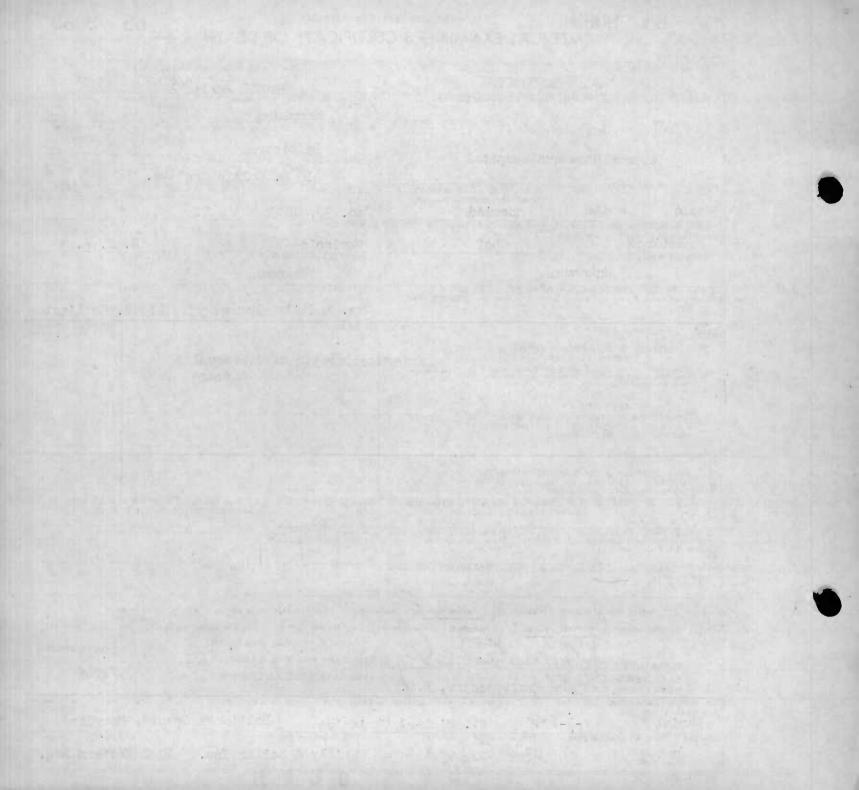
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

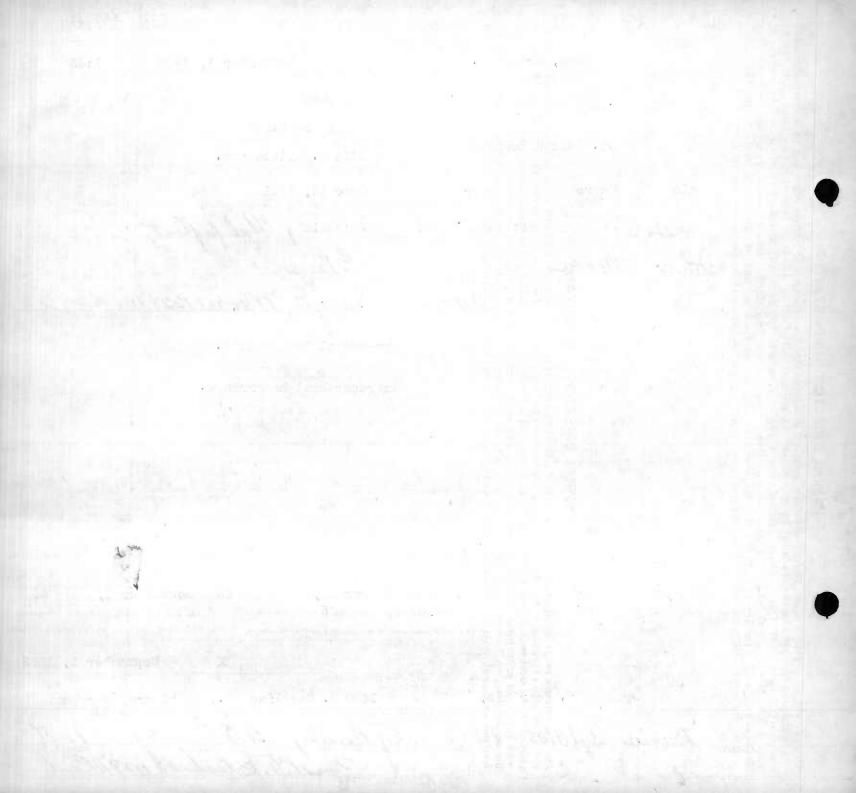


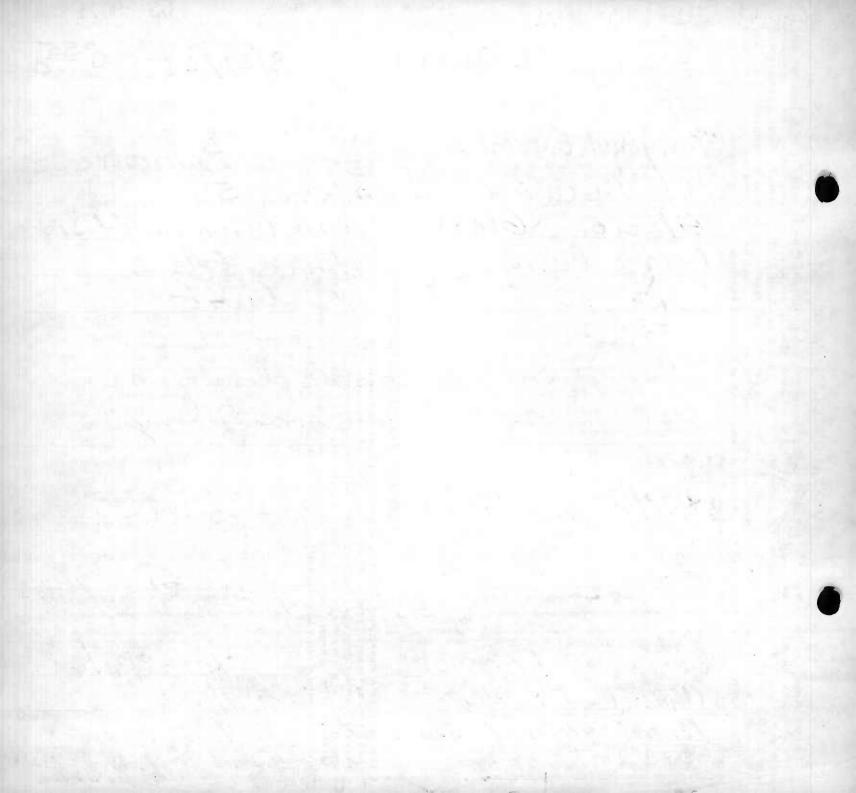
65 9069 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.									
1. NAME OF DECE	JOHN BEI	IOWSKA'I		Angust. 31. 1965 P.					
3. PLACE IN BALTIA	MORE, MARYLAND, WI		NCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					M.
				A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				C. CITY		itside corporate limits.	write RURAL o	nd give township)	
			Baltimo	ore	10)			
Church Home and Hospital			D. STREE	T ADDRESS (If r	urol, give location)				
27						Collington			
5. SEX 6	. RACE	7-MARRIED, WIDOWED, D	NEVER MARRIED DIVORCED (specify)	B. DATE C	OF BIRTH	9. AGE (In yes	Months	T 1 Yr. If Under 24 Doys Hours A	His.
male	white	Marri		Jan.	30, 1893	72			
done during most of wo	ATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTR	y 11. BIRTH	PLACE (State or fo	oreign country)	12. CITIZ	EN OF	
	rking life, even if retired)	Che	f		iania			S. A.	
13. FATHER'S NAME				14. MOTH	ER'S MAIDEN N	AME			
	Unknown				Unkno	wn			
	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFOR	MANT		ADDRES	S	
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18. 4	0. /		CAUS	E OF DEA		0 0		INTERVAL BETW	EEN
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injury or comp	olication which coused o	de oth.)							
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	ABOVE CAUSE (A) ST CONDITION LAST.	A ING THE							
Z			(C)			*== ***********************************	•••••••••••••••••••••••••••••••••••••••		
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O THE D	FICANT CONDITIONS	ATED TO TH							
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0	WAS PERF		THE OF EXAMPLE	2071171		IN CERTIFYING C			
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UTING CAUSI		home,	form, foctory, street,	office bldg.,	INJURY OCCUR				
5		41) \ [6]	C INTURY OCCURRED		21F. HOW DID I	NAME OF THE OWNER OWNER OF THE OWNER OWNE			
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SIGNATU	RE O	with	a COCM.			EXAMINER X		17 160	
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23A. BURIAL CREM			NAME of CEMETERY	or CREMAT	ORY 231	D. LOCATION (City, town, or	county) (State	e)
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VS 151-REV. 1/1/65		1 9 1	5 0	- 10	- 17	13			-/

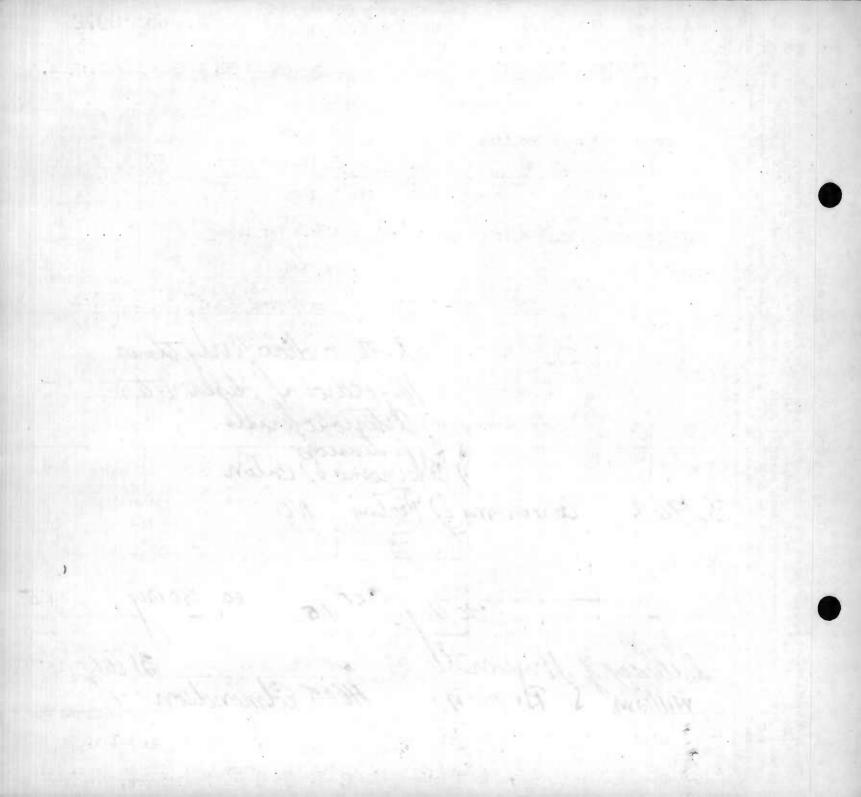


Type or Print)				2. DATE A	ND HOUR OF DEA	TH
		Ernest A.		Septe	mber 1, 19	965 1:45
. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	A. STA		ore deceased lived. I	If institution: residence before od
FULL NAMI	R oddress or location	or institution, give street		yland	utside city limits, wri	ite RURAL ond give township)
,)				timore 2121		
41	St. Josep	h Hospital			rurol, give location)	
CPU	6. RACE	TA AAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAA		4 N. Milton		
Ma.le		7. MARRIED, NEVER MAR WIDOWED, DIVORCED	(specify)	OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours
	Negro	Married		e 14, 1901	64	
	of working life, even if retired)				eign country)	12. CITIZEN OF WHAT COUNTRY?
Lab	ares	Bethlehem Stee		ginia , 7	Talefart G	Ou wit.
3. FATHER'S N	IAME		14. MO	THER'S MAIDEN NA	ME /	7
gry M	money.		8	· Vin-in	1	
5/Wos Decea	sed Ever in U. S. Anned For		17. INFO	DRMANT		ADDRESS
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1B. 4	001	21/-14	CAUSE OF DEAT	740,//	100-00 14	INTERVAL BETWE
/ 0	ASE OF CONDITION DU	DECTI V				ONSET AND DE
DIZE	LEADING TO DEATH	RECTLY	Marocond	ial infarct	4 000	
(This does	s nat mean the made of	dying, e.g.,	DUE TO	tar miare	TOH	***************************************
initime on a	re, asthenia, etc. It means					
injury or c	camplication which caused	death.)	Intrace	rebral hemo	rrhage.	
	ANTECEDENT CAUSES	death.)	Intrace	rebral hemo	orrhage.	
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DISEASES rise Ia UNDERLYI OTHER SIG TO THE DISEASE (1) 19 A. DATE 19 A. DATE 21 A. ACCII POPER SIG 19 A. CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.) 22. I certification that (I) (wand haur 23 A. SIGN A 23 C. PHYSIG NAME 24 A. BURIAL CREMOVA	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION last. II SNIFICANT CONDITIONS CONDEATH BUT NOT RELADER CONDITION CAUSING TO PERMIT OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING (Month) (Doy) (Yeor) (Month) (Doy) (Yeor) ify that (I) (this hospital re) lost saw the decease and fram the causes story that the causes story that (Specify)	any, giving stating the (CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPER, form, foctor etc.) (Hour) 21E INJURY OCCUMBLE At Work (Hour) 21E INJURY OCCUMBLE AT CONTRIBUTION FOR WHICH OPER, form, foctor etc.) (Hour) 21E INJURY OCCUMBLE AT CONTRIBUTION FOR WHICH OPER, form, foctor etc.) (Hour) 21E INJURY OCCUMBLE AT CONTRIBUTION FOR WHICH OPER, form, foctor etc.) (Hour) 21E INJURY OCCUMBLE AT CONTRIBUTION FOR WHICH OPER, form, foctor etc.)	ATION 20A. NJURY (e.g., in or obounty, street, office bldg. CURRED Not While At Work I from August (did not) view the Atlanding Phys. 23D. ADI M.D. Attending Phys.	AUTOPSY? (Yes or N No 121C. WHERE DID 21F. HOW DID IN. 30, 965 and the bady after death. Med. Director DRESS N. Carolin (24D. 1	OF 20B. IF YES, WEIN CERTIFYING OF COUR? OURY OCCUR? 19 65 to Senot in (my) (aur) of Court in (my) (aur) of Cour	causes of Death? more City, give exact location ptember 1, 19 apinion death accurred an in 238. DATE SIGNED September 1, : timore, Maryland (City, town, or county)

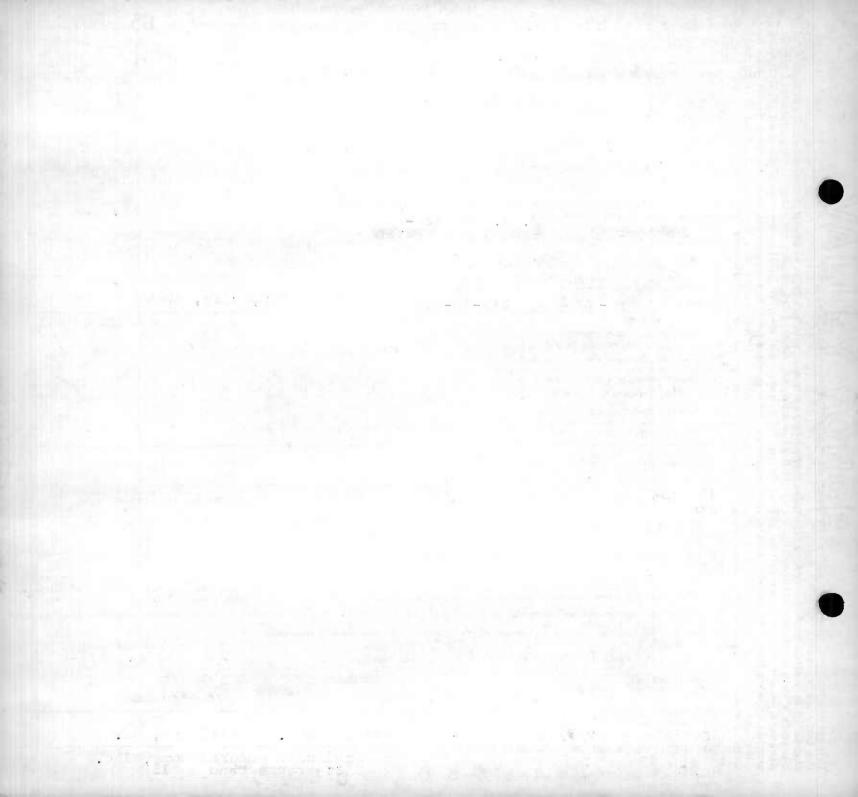


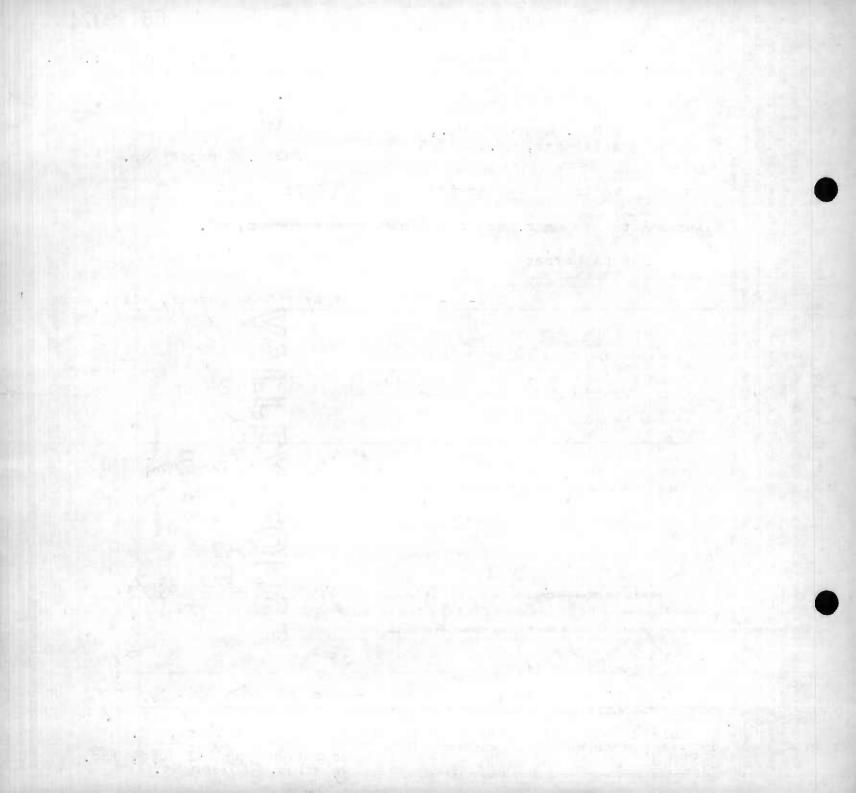


	65 9	672		HEALTH DEPARTMEN		65 9072
M.E. CASE NO.	00 0	012	CERTIFICA	TE OF DEATH	H Registered Na.	.00 3012
Type of Print)	CEASED			2. DATI	AND HOUR OF DEATH	1
	William Pius			Aug	zust 30. 1965	institution: residence before odmissi
PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before odmiss
EIIII NAAAF	OF (16+ :- b:+-1	!+!+-+!				15-011
HOSPITAL OR			live street	C. CITY OR TOWN	If auteide city limits, write	RURAL ond give township)
INSTITUTION					in consider only minus, with	NORAL ONG GIVE TOWNSHIP
Sou	th Baltimore	Hospital		Baltimore D. STREET ADDRESS	(If rural, give location)	
113						
40					le Street	
. SEX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Mi
Male	White		rried	Feb 10,1895	70	
	CUPATION (Give kind of work				foreign country)	12. CITIZEN OF
one during most o	f working life, even if retired)			D 244		WHAT COUNTRY?
Superinte		Weyerha	euser Company	Baltimore Ma		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Francis	Famne			Sara Kidd		
Francis . Wos Docease	d Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(Il yes, give wor or dote	s of service)	SECURITY NO.		105 Frank	
No			212-07-9237	Mrs Mary By	rne Balto M	kle Street. arvland 21225
1B. J	3.2./1		CAUSE O	DEATH	102.00	INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	ECTIV		1 - 1	- /	ONSET AND DEATH
0.357	LEADING TO DEATH		Pari	to Paralin	0 /000/	11
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	mplicalian which caused		in		11 16	
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	OR CONDITIONS, if		(Fr.	Tonis Anha	Mi	
	he abave cause (A) IG CONDITION last.	slaling lhe	(C) (A) (A)	MONERU	DUCK.	
ONDEREIN	TO CONDITION 10SI,		1	T		
-) Hyper	unsidy	0	
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			VHICH OPERATION -	20A. AUTOPSY? (Yes	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19/2	A WAS PER	PLAA AM	nd 1 Horli	In n/r)	IN CERTIFYING CA	AUSES OF DEATH?
21 A. ACCID	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DI	D (If in Boltimo	ore City, give exact location)
OR CONTRIB	BUTING CAUSE OF	home	PLACE OF INJURY (e.g., in e. lorm foctory, street, of	fice bldg., INJURY OCCU	R?	
DEATH (notif	fy medical examiner)	etc.)				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY			le At Not While			
(APPROX.)		Wor	k At Work			
22. I certif	y that (I) (this hospital) attended th	e deceased from	ファナー	1960 to 30	ary 19601
			2 A /2.1	10/15		
) last saw the decease					pinian death accurred an the
and haur as	nd from the causes sta	ted abave. (1)	(We) (did) (atd nat) v	iew the bady after dec	oth.	(1
23A. SIGNAT	URP	1				3B. DATE SIGNED
111/1/11	1 10	0101-1	A M.D. Atte	nding Med.	Stoff	3/ /1/20 110
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PHYSICI NAME	ANS June	A		23D. ADDRESS) /	1
14/1/	101106/	HIVS	0 22 . M.D.	1607 86	mandan	n///
A RIIDIAL CO	EMATION 248 DATE	9		MATORY	2 LOCATION	
AA. BURIAL CR REMOVAL	(Specify)	24C. NA	ME of CEMETERY OF CRE	MATORT 24	D. LOCATION (City, town, or county) (Sto
Buri	- 1-101	No	w Cathedral C	emetery C	Id Frederick	Rd Rollto Ma
	D BY HEALTH DEPT.	25B. NAME O		25C, FUNERAL DIREC	TO LIEGELICK	Rd, Balto, Md
SEP 3	1965 120	1 0 Y				
OFL 0	1300 (1600)	or E. Ja	elegate .	deorge .	Honce 4001 R	litchie Hgwy, Bal
S 150-REV. 1/1	/65	1		0 3 0	U Dalt	imore, Maryland

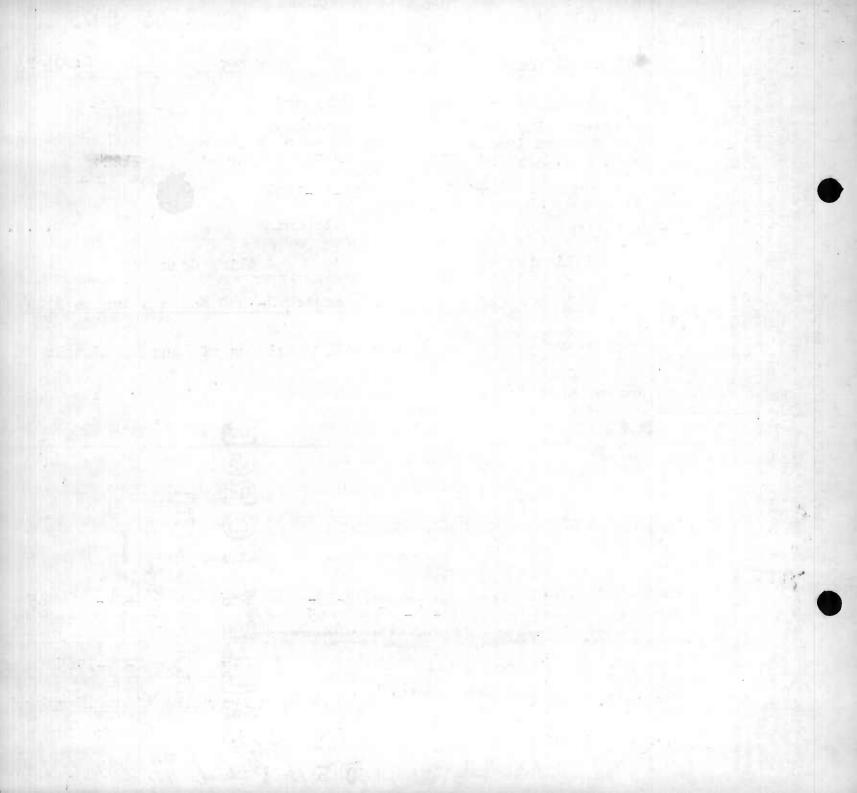


		Y HEALTH DEPARTMENT	05 0050
BIRTH NO. 65 907	3 CERTIFICA	ATE OF DEATH Registered	No. 65 9073
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DE	EATH 4
(Type or Print) TATUM CL	YDE LEIGH	t, Ir. Replember	131 1361 7
3. PLACE OF DEATH IN BALTIMORE MARYL	AND	4. USUAL RESIDENCE (Where deceased lived	
		A. SIAIE B. COUNTY	36773
FULL NAME OF (If not in hospital or in hOSPITAL OR oddress or location)	istitution, give street	C, CITY OR TOWN (If outside city limits,	write RURAL and give township)
INSTITUTION		Rollinger #1	3
University Hospi	tal Baltimore	Baltimore #1_ D. STREET ADDRESS (If rurol, give location	on)
university lospi	,	3926 Kenyon A	U.
	MARRIED, NEVER MARRIED	8. DATE OF BIRTH /9. AGE (In years lost birthdoy)	
-M 41	WIDOWED, DIVORCED (specify)	7/8/24 lost birthdoy)	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 108	Married KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF
one during most of working life, even if retired)	T. Robets -	3.4.7	WHAT COUNTRY?
Managernm	lumbing & Heati	ng Md-	u.s.A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Clyde Leigh Takun	m Ar,	Florence Gaino	V
5. Was Deceased Ever in U. S. Armed Farces? (es, no or unknown) (If yes, give wor or dotes of	1 6. SOCIAL	17. INFORMANT	ADDRESS
	219-14-0942	Fina Tatum, wife,	above same
		OF DEATH	INTERVAL BETWEEN
18. 3 4 2 X I			ONSET AND DEATH
DISEASE OR CONDITION DIRECT	PLY C.	estric Harmorrhage	- 2 days.
(This does not mean the mode of dy	ing, e.g., DUE TO	MAINTE THE PROPERTY	
heart failure, osthenia, etc. It means the			
ANTECEDENT CAUSES			
	DUE TO		,
DISEASES OR CONDITIONS, if ony		um Aboun	3 who.
UNDERLYING CONDITION Iosi.	- non-system as as		
- 11	•		
OTHER SIGNIFICANT CONDITIONS CON			
DISEASE OR CONDITION CAUSING IT.		184	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	MED Cramolowy	20A. AUTOPSY? (Yes of No.) 20B. IF YES, YES	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
	on of bearing above.	n /10	
OR CONTRIBUTING CAUSE OF	hame, form, factory, street,	in ar about 21C, WHERE DID office bldg., INJURY OCCUR?	altimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Manth) (Day) (Year) (H		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Wh		
22. I certify that (1) (this hospital) a			9/1 196
	011		
that (I) (we) last sow the deceased a		19 65 and that in (my) (au	r, opinion death occurred on the d
ond hour and from the couses stated	obove. (1) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE	Marian		23B. DATE SIGNED
Rawatheri Franços	M.D. A	ttending Med. Stoff Phys.	9/1/61
23C.PHYSICIAN'S		23D. ADDRESS	
THAVATCHAI FUAN	AVUDHIRAY. M.	. UNIVERSITY Ital	PITAL
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C		(City, town, or county) (State
REMOVAL (Specify)			
Burial 9/6/65	Baltimore Na		ore, Md.
	B. NAME OF REGISTRAR	Schimunek Funeral 3331 Brehms, Land	Home, Inc.
SSP 3 1965 R.C. I	Egyton Maria or	3331 Erehms Land	#13
VS 150-REV. 1/1/65			

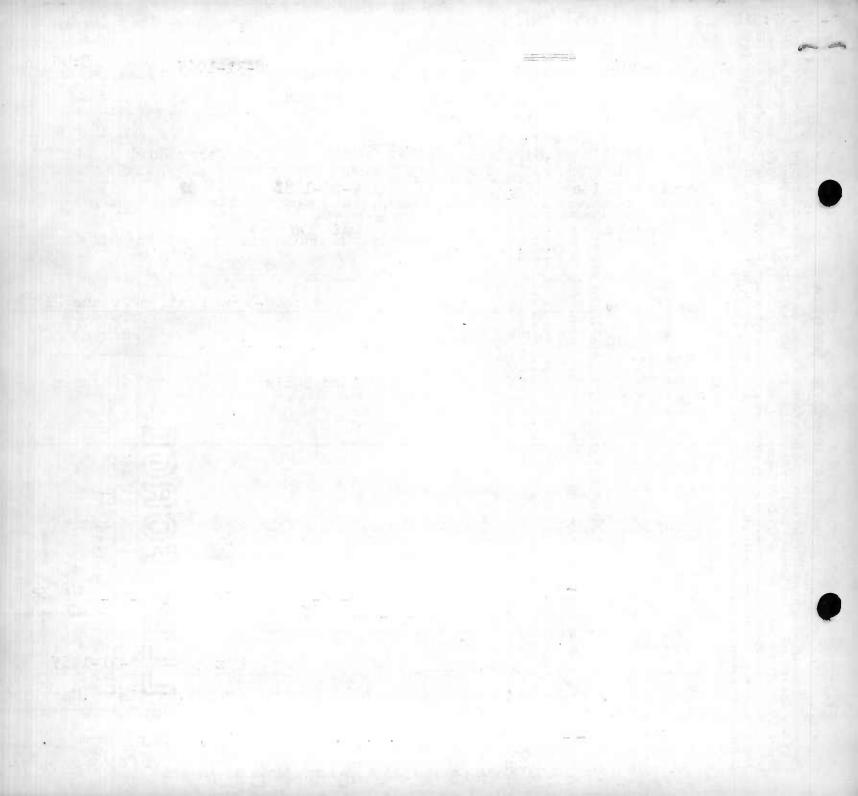


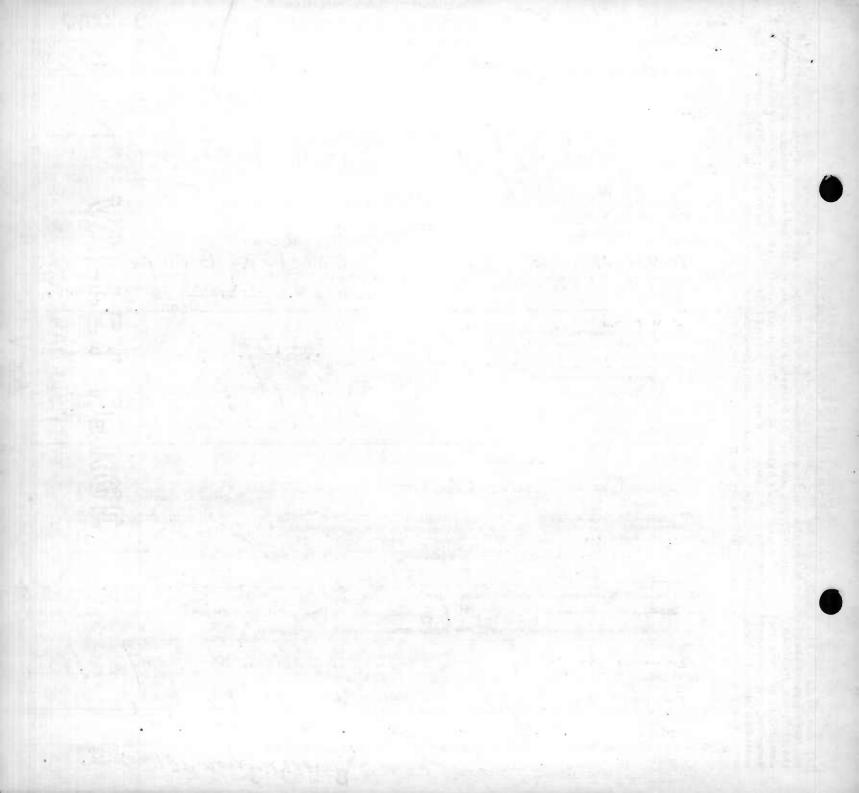


39-21-70	1	65 90/0	TATE OF DEATH Registered No.65	9075
11-3-303.	2	CERTIFIC	ATE OF DEATH Registered No.	0010
deat deat n +h	D 1.	A.E. CASE NO. NAME OF DECFASED	2. DATE AND HOUR OF DEATH	
pital ar of dea Decease	(1	'ype or Print') CLARENCE WEEKS	8/24/65	6:00 Pm.
of Dec	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	8/24/65 4. USUAL RESIDENCE (Where deceased lived, If institution as STATE B. COUNTY	on: residence before admission)
<u>-</u> - 0	dea	FULL NAME OF (If not in hospital or institution, give street		-16
a hos cause se; (5)		HOSPITAL OR oddress or location) INSTITUTION	C. City OR TOWN (If outside city limits, write RURAL	ond give township)
	2	Baltimore City Hospitals	Baltimore	
in ng cau	prior	4940 Eastern Avenue	D. STREET ADDRESS (If rural, give location)	
		Baltimore, Maryland 21224		21224
ri i i i olo		SEX 6. RACE 7. MARRIED, NEVER MARRIED WILDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If U Man	Inder 1 Yr. , If Under 24 Hrs. oths Days Hours Min.
th occurred in contributing etermined cau	77 10	Male Negro wipoweb, pivorced (specify)	12-19-1894 70	
H O O D		5A, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUST one during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
5 - 5 ·-	+ o +	LABORER	Alabama	U.S.A.
	the sposi	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
F = 5€ 3		William Weeks	Alice Cook	
Z EP PA	5 P	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL es,no gr unknown) (If yes, give war or, dates, of service) SECURITY NO.	17. INFORMANT	ADDRESS
TAN istant the diskind; death	e Du		Records: BCH-4940 Eastern	Arronino 2122h
6 8 4			OF DEATH	INTERVAL BETWEEN
PO is as any	Puo	DISEASE OF CONDITION DIRECTLY		ONSET AND DEATH
IME or hi Also,	tte		at Cell Carcinoma of Lung	Months
0 2 5	2 E	(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	5000 - 10000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1000 0000 0 000 0 M.
R: ner o ner. /	10 pg	injury ar camplication which caused death.)		
T. From H. From H. P.	9 =	ANTECEDENT CAUSES (B)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
S S S S S S S S S S S S S S S S S S S	5 5	DISEASES OR CONDITIONS, if any, giving		
DIRECTOR: ical examiner al examiner. is; (3) A fractu	in s	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		>>++++++++++++++++++++++++++++++++++++
2 5 d 2 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d	was	ll .		
RAL D medical burns;	3 E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
RAL med med buy	5 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
FUNERAL e chief med by a medii by body burn e the physic	the the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
5 5 5 5 5	re	A A A SCIPENT WAS HAD STIVING TO	No	
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e., home, form, foctory, street,	g., in or obout 21 C. WHERE DID (If in Baltimare City, office bldg., INJURY OCCUR?	, give exact lacotion)
by 1 pita why	No o	DEATH (notify medical examiner) etc.)		
W 3	(9)	OF CONTRIBUTING CAUSE OF hame, form, foctory, street, etc.) DEATH (natify medical examiner) 21D. TIMME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?	
> - = 0	00	Work At W	ork 🔲	
pro hive	an bt	22. I certify that (I) (this hospital) attended the deceased from	8-19- 19 65 to 8	3-24- 19-65.
904-	. 0	that (I) (we) lost sow the deceased alive on 8-21-	1965 ond that In(my) (our) opinion	death occurred on the date
0 0 0	-	and hour and from the couses stated above. (1) (We) (did) (did not	t) view the body ofter deoth.	
ust be pased dent ospit	deat	23A SIGNATURE	23 8.	DATE SIGNED
must eleas ccide	0	Joseph & Soman M.D.	Altending Med. Stoff Phys.	3-24-1965
9 0 0	ove 1	23C. HYSICIAMS	23D. ADDRESS	
An An	pric		.b. 4940 Eastern Avenue, Balti	imore Maryland
# 524		4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of	CREMATORY / 24D. LOCATION (City, tow	wn, or county) (State)
cert body Vs: (1Se	REMOVAL (Specify) 9/3/6/ Balto.	ational 5501 Frede	reck Upp.
This cert the bod shows: (-	5A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ₂
This the I show	M K	SEP 3 1965 OF O. F. 8 Fa. O. M.S.	a sound b. Later VI	3041 h. Po. ball
		S MO BEY 10/45	The water the	JUTIL WING WY



M. M.	TH NO. 65 9 E CASE NO. NAME OF DECEASED pe of Printl		TE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived If in	8:45 Am
	FULL NAME OF (If not in hospital oddress or location	or institution, give street City Hospitals	Maryland c. city or town (If outside city limits, write Baltimore D. STREET ADDRESS (If rurol, give location)	Balto
	Baltimore,	Maryland 21224	2611 Hammonds Ferry I	Road 21227
	Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH 9-26-1882 9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even it retired) Housewife.	10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (Stote or loreign country) Missowri	12. CITIZEN OF WHAT COUNTRY?
3.	FATHER'S NAME	lliam Pitts	14. MOTHER'S MAIDEN NAME Jenn	nie
5. Y e	Was Deceased Ever in U. S. Armed Fores, no arunknawn) (If yes, give war ar date	s of service) 16. SOCIAL SECURITY NO.	Records: BCH-4940 East	ADDRESS
Z	LEADING TO DEATH (This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION tost.	the disease, death.) Call (B) DUE TO ony, giving stating the (C)	liac Arrhythmia cinomatosis	Death Unknown
ERTIFICATION	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I 19A-DATE OF OPERATION 19B. CON WAS PERI	TED TO THE T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
AL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	Yes The result of the second o	re City, give exact lacotion)
MEDIC		(Hour) 21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
	that (I) (we) last saw the decease	of allve an	1965 and that in(my) (aur) ap	8-31- 1965 inian death accurred an the date
	23A SGNATURE 23C. PHYSICIAN'S NAME (Type)	June M.D. Atte	ending Med. Stolf Phys. 23D. ADDRESS	8-31-1965
24	Leonard J. Guadra A. BURIAL CREMATION, 124B. DATE REMOVAL (Specify) Burial 9-3-65	24C. NAME OI CEMETERY OF CRI Meadowridge Mem. P.P.		City, town, or county) (Stote)
25	SEP 3 1965 (L.C.)	25B. NAME OF REGISTRAR B. E. Falleum.		1600 Hellers V





0	1100	BALTIMORE CITY HEALTH DEPARTMENT	CE OOMO
(-	750.	CERTIFICATE OF DEATING	65 9078
	and eatleath th th	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH	
	S G G	CULLEN, ELIZABETH SEPTEMBER 1,	1965 12:15P
	the Dot	3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY	stitution: residence before admission)
7	osp nc lec	FOLL NAME OF III not in hospital or institution, give street MARYLAND	Belle
₹	d b	HOSPITAL OR oddress or location) 9-7-65 C. CITY OR TOWN (If outside city limits, write)	RURAL and give township)
GUZMAN	2 2 2 4	ST. AGNES HOSPITAL BALTIMORE	53-00
g	ing ing cat att	700 TOO CHARRING CROSS RD	
	0 1 0 B G B	700 790 CHARING CROSS RD 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years)	
A A	occurring and is mad	FEMALE WHITE WIDOW 8-5-86.885 (ast birthday) 8-5-86.885	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
~	oon on re re	10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
D.	det det	done during most of working life, even if refired) MARYLAND	U.S.A.
<u>.</u>	ded Und Und usiti	13. FATHER'S NAME	0.5.A.
8	if d warthe	3	
빌 2	G 3 3 7 G 3	PETER MCKENNA 15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS I KENC AV
EXAMINER		(Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	MITTIFE MAN
A L	ssist the the y kir de ince	NONE 213-344-900 ST. AGNES HOSPITAL R	
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		Phys. Director Phys. 23C. PHYSICIANS	#20
	was r An a L at c priar	Phys. Director Phys. 23C. PHYSICIAN'S NAME (Type) BENJAMIN GUSMAN A.D. ST. AGNES HOSPITAL; CAT	ON & WILKENS AVES
		24A, BURIAL CREMATION, 24B, DATE, / 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (CI	
	certificate bady was 1 7s: (1) An a D.O.A. at ased priar	REMOVAL (Specify) 9/6/6 7	ity, town, or county) (State)
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR,	ADDRESS C
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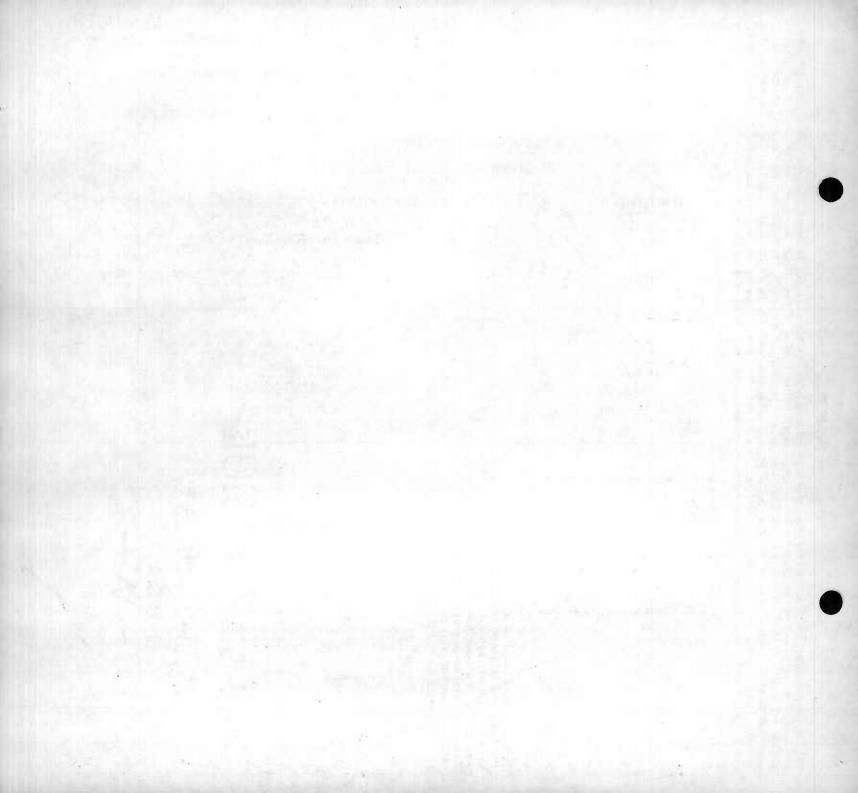
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BALTIMORE CITY HEALTH DEPARTMENT



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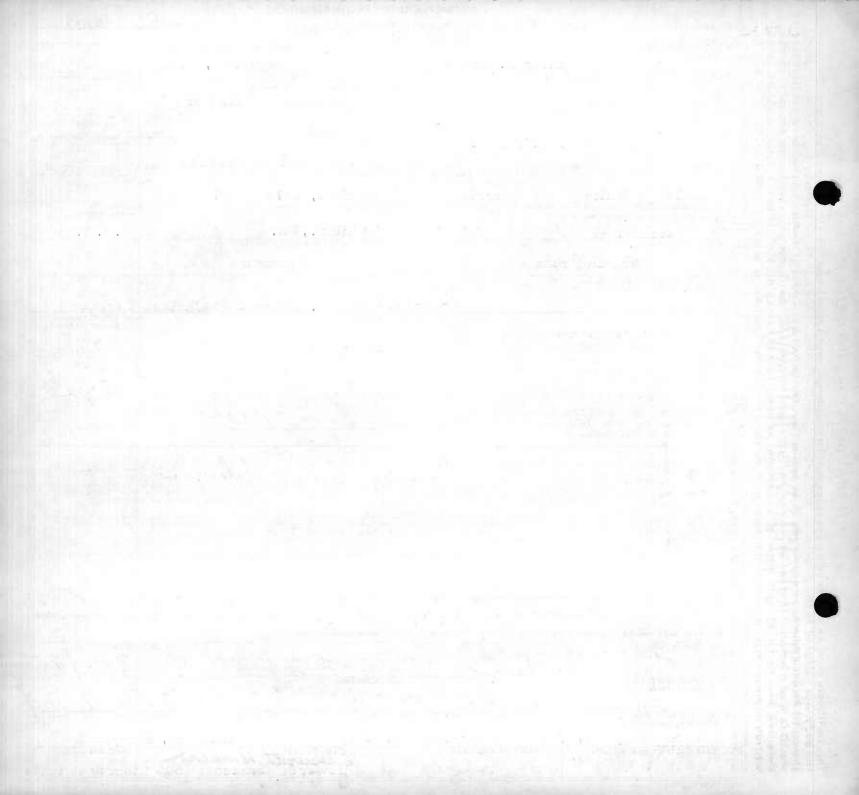
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5.5 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH August 31, 1965 | M

4. USUAL RESIDENCE (Where deceased lived. II institution; residence before admission)

A. STATE B. COUNTY (Type or Print) Walter C. Kruse 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland Baltimore FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR (Il outside city limits, write RUBAL and give township) C. CITY OR TOWN INSTITUTION Baltimore 2804 Chelsea Terrace D. STREET ADDRESS (If turol, give location) 2804 Chelsea Terrace 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED. DIVORCED (specify) Hours White Male Married June 7, 1878 87 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) Philda., Pa. U.S.A. Watchmaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Herman Kruse Unknown 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 215-01-7896 Anne L. Kruse 2804 Chelsea Terrace No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., hearl foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the above couse (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIFI 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Houst 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from..... that (I) (we) last saw the deceased alive on... and that in (my) (apply apinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending L M.D. Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 9/3/65 Woodlawn Cemetery Baltimore, Maryland Burial 25% FUNERAL DIRECTOR Junais 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Ellsworth Armacost 4600 Liberty Heights

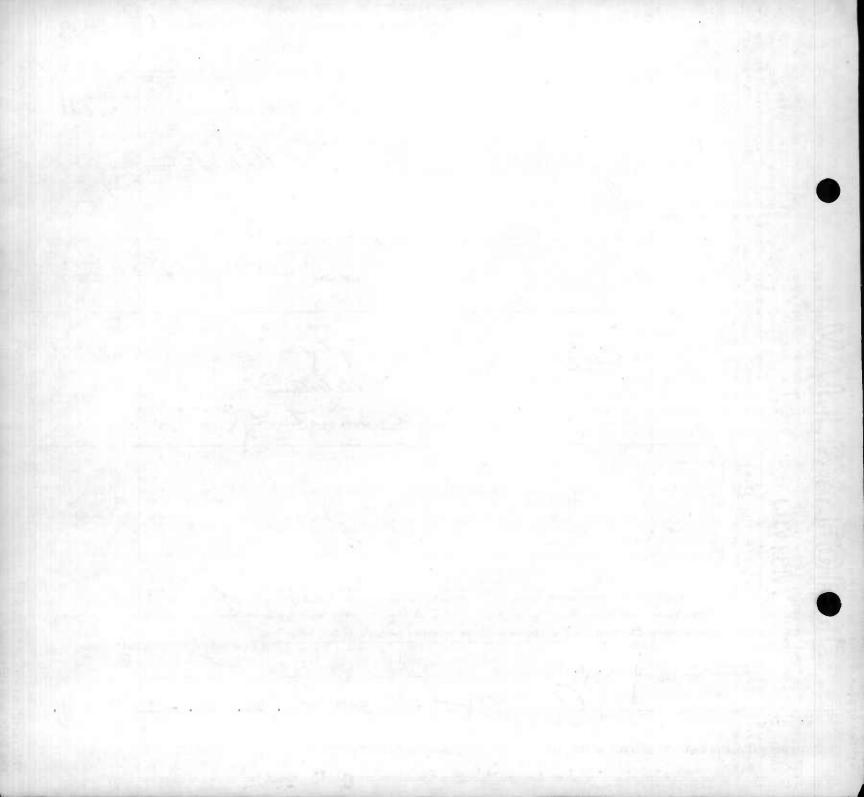


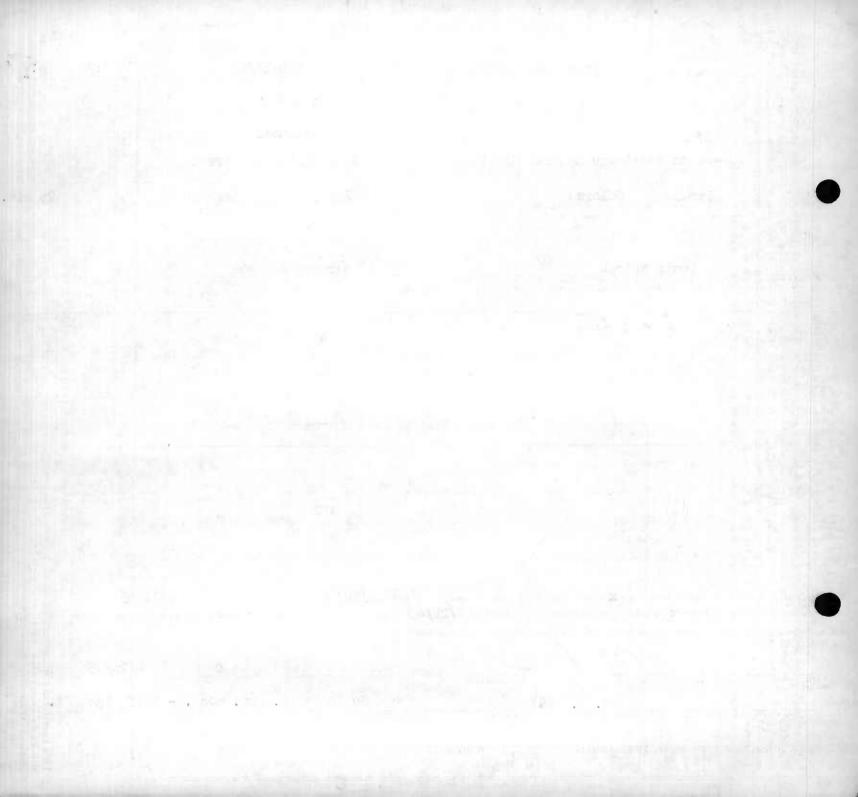
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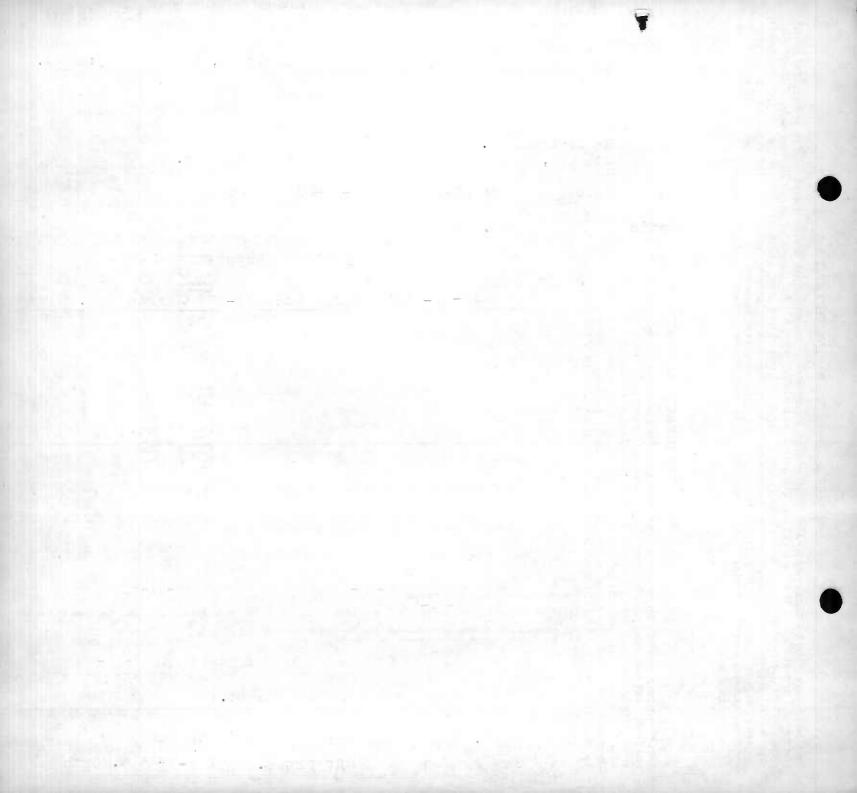
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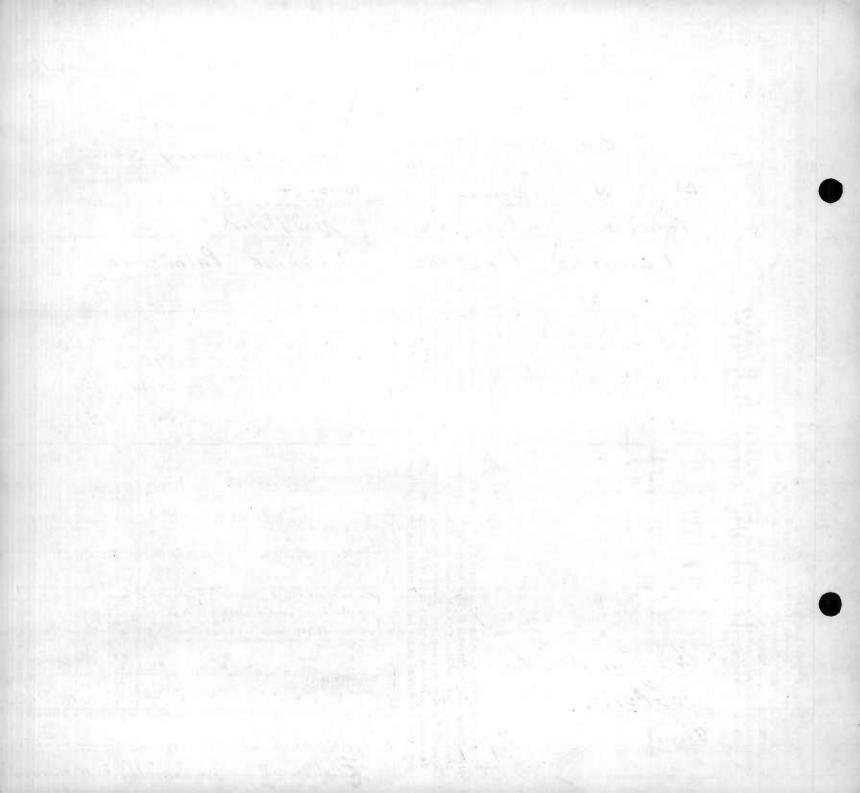
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65 9086	BALTIMORE CITY	HEALTH DEPARTMENT	65 9086
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No.	65 9086
NAME OF DECEASED Lillian	Parker	2. DATE AND HOUR OF DEATH	
(Type or Print)	Tarker	August 31, 1965	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before odmission)
		A. STATE B. COUNTY	1 50
FULL NAME OF (If not in haspital HOSPITAL OR oddress or location	ar institution, give street	Maryland	13-03
HOSPITAL OR oddress or location INSTITUTION	17	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
Provident	Hospital	Baltimore	
/ 1514 Divis	ion St.	D. STREET ADDRESS (If rural, give location)	
Baltimore,	Maryland	2332 Druid Hill Ave.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female Negro	WIDOWED, DIVORCED (specify)	12-24-08 last birthday	Manths Days Hours Min.
Female Negro	Widowed		12. CITIZEN OF
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Domestic	Pvt. Family	Maryland	USA
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Issac Buckmer		Lucinda Boyer	
. Was Deceased Ever in U. S. Armed Fare es, no or unknown) (If yes, give wor or date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Jersey
	212-26-4127	Leroy Buckner-479 Be	
118. / 4 / /	CAUSE O		
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heart failure, asthenia, etc. It means	the disease,		7
injury ar camplication which caused	death.)	20 A H	A
ANTECEDENT CAUSES	(B) DUE TO	05m 0/ 4ne 41	<u> </u>
DISEASES OR CONDITIONS, if	- 1		
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UNDERLYING CONDITION last.	3	WE NOT THE REAL REAL REAL REAL OF CO.	· · · · · · · · · · · · · · · · · · ·
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OR CONTRIBUTING CAUSE OF	home, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?	e eny, gre exact aconom
	erc.,		
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E (APPROX.)	While At Not While		
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22. I certify that (1) (this hospital	ottended the deceased from	19	71-07
that (1) (we) lost sow the decease	d olive on O-31-05	19ond that in(my) (our) op	nion death accurred on the data
			mon decompared on the date
	ed obove. (I) (We) (did) (did not) v	iew the body after death.	
23A. SIGNATURE	1 1		238, DATE SIGNED
X- Jagens	To I M.D. Atte	nding Med. Staff. Rhys.	8-31-65
23C. PHYSICIAM'S Roger The		23 D. ADDRESS	1
NAME (Type)	7,500		
106KM 1	HKOWONE M.D.	1514 Division St.	
AA. BURIAL CREMATION. 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	ity, lawn, ar county) (State)
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Burial 9/4/65	Mt. Auburn Ce		aryland
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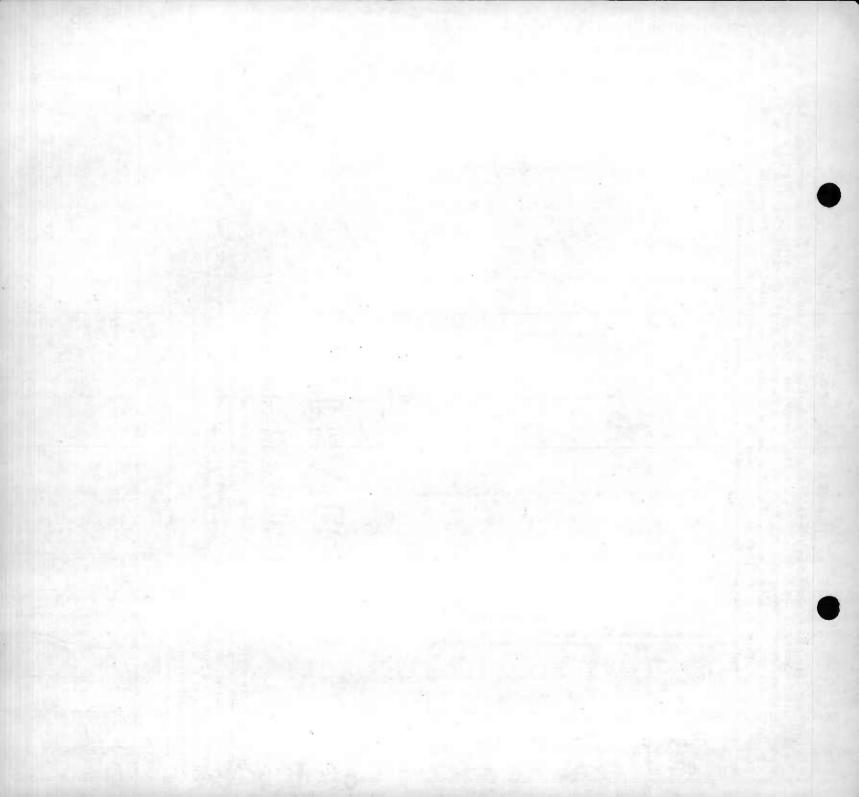
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	e or Print)	4			2.	DATE AND HOUR OF DEATH	_ ////
		Michae		GAGLION		9-2-65	
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	ULL NAME O	F (It not in hosp oddress or loc	itol or institution	on, give street	CHRYIAND	_	
- 11	NOITUTITE					(If outside city fimits, write	
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4		BON	Decour	S HOSPITAL	D. STREET ADDRES		
/					3012	ME Eldere	1 STREET
5. 5	EX	6. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi. If Under 2 Months: Doys Hours: 1
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- Jo F					-1		
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15. V	Was Deceased	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
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	18.// 7.	0.11		CAU	SE OF DEATH		INTERVAL BETWEE
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ä	der o	balr
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to dearn); and (b) no pnysician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.

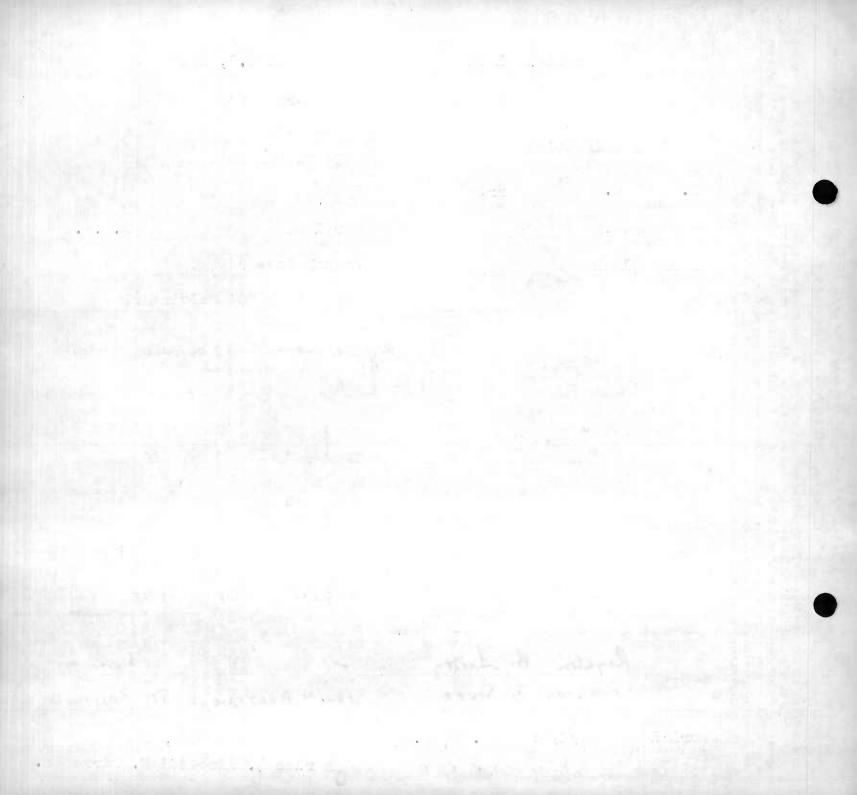
		HEALTH DEPARTMENT	6	5 9088
витн но. 65 908	CERTIFICA	TE OF DEATH	Registered Na.	0 0000
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print)	Call	74 8		
PLACE OF DEATH IN BALTIMORE MARYLAND	lellorg		- 12ma " / / (10ma)	tution: residence before admission
react of praying to present the property to		A. STATE B. COUN	The state of the s	. \ I
FULL NAME OF / (If not in hospital or instit	ution, give street	med:	- 15-	
HOSPITAL OR oddress or location) INSTITUTION	,	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
a and land	81	Baltina		
704 Bold	street	D. STREET ADDRESS (If	ural, give location)	
		7111011	1 Xtract	
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In veors	If Under 1 Yi., If Under 24 Hr
	OWED, DIVORCED (specify)	10/0/0		Aonths Doys Hours Min.
male Colourd 4) idoved	12/8/9/	67	
DA. USUAL OCCUPATION (Give kind of work 108, KII one during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BUCTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even it relifed	atto	71/2722	1 1/2.	7/10
PEATHERS NAME	ici dines	14. MOTHER'S MAIDEN NAM	1 /ai	dryid,
3. FATHER'S NAME		MOTHER'S MAIDEN NAM	AL	11
Naukan.	1 nto	Codminio	Bn. On	
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	- we way	ADDRESS
es.no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	Pan 5, 8-	9	00
		Clara Whil	1-240/11	nunahllul.
18. 4 22.21	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	4	1.0	_	4
LEADING TO DEATH	(A) //1	yo cardial	Jaganara/104	6/11/03
(This does not mean the made of dying, heart failure, asthenia, etc., It means the di	e.g., DUE TO	·		
injury ar camplication which caused death.)		H. L. Nan		1.4
ANTECEDENT CAUSES	(B) CC	77/10/17 DET	ormans	/ / / / / / / / / / / / / / / / / / / /
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above cause (A) stating	at a second seco			
UNDERLYING CONDITION last.	***************************************		******************************	\
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
D 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	White At Not While At Work	e		
		0-1-11		-1-65
22. I certify that (I) (this hospital) atter		7-6-64	9ta	-/
that (I) (we) last saw the deceased alive	on 7-1-65	19 and the	at in(my) (aur) apinfe	an death accurred an the da
and haur and fram the causes stated abo	ive. (I) (We) (did) (did not)	riew the body after death.		
23A. SIGNATURE		,	12	3B, DATE SIGNED
100 105 0'N	M.D. And	ending Med.	Stoff -	0/01/10
Kannon	CA Phy	s. Director	Phy s.	9/4/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	
1 to 500 111 DA	11:100 M.D.	658 his Mass	les Pot Fire	water a Med
4A. BURIAL CREMATION, 248. DATE	AC. NAME OF CEMETERY OF CR	EMATORY 124D 14	CATION CIV.	town, or county) (Stote)
REMOVAL (Specify)	3 - I A	A	TONY,	(3101e)
Burial 4-4-65	Milledous	Cemetery	Dollary	es md
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	7 - 5- 6-	ADDRESS
CED 9 HOCE A A A O				
317 0 1900 12 17 16 C	To Own so no	tohas On a	Pin 11.	21 3 294
SEP 3 1965 Robert &	Falling of	Charles Q	Rice, 661	W. Barre St



IMPORTANT

DIRECTOR:

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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

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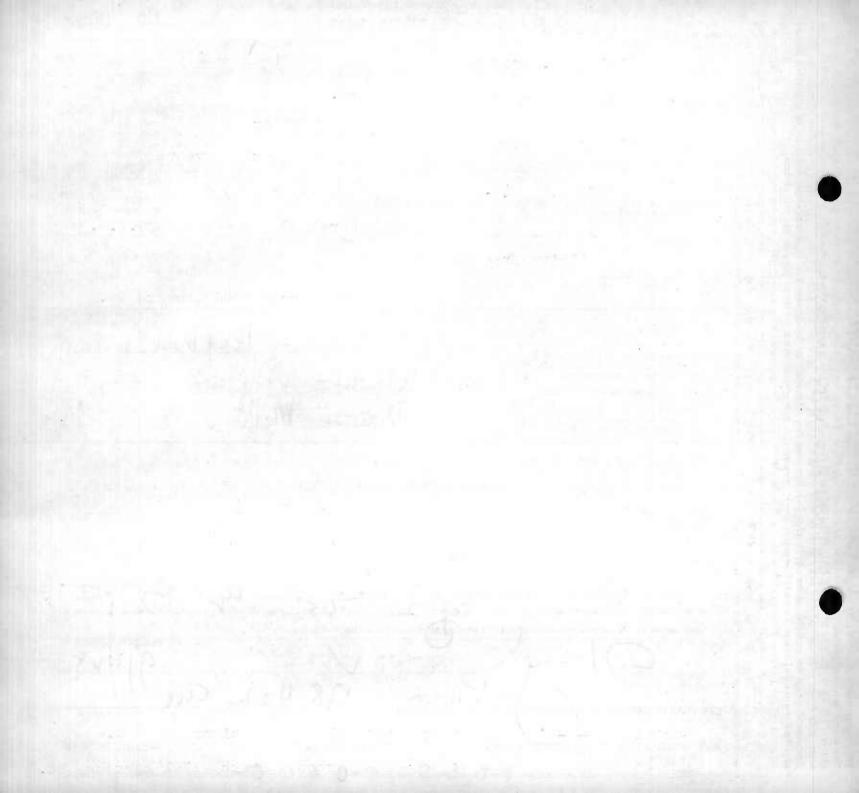
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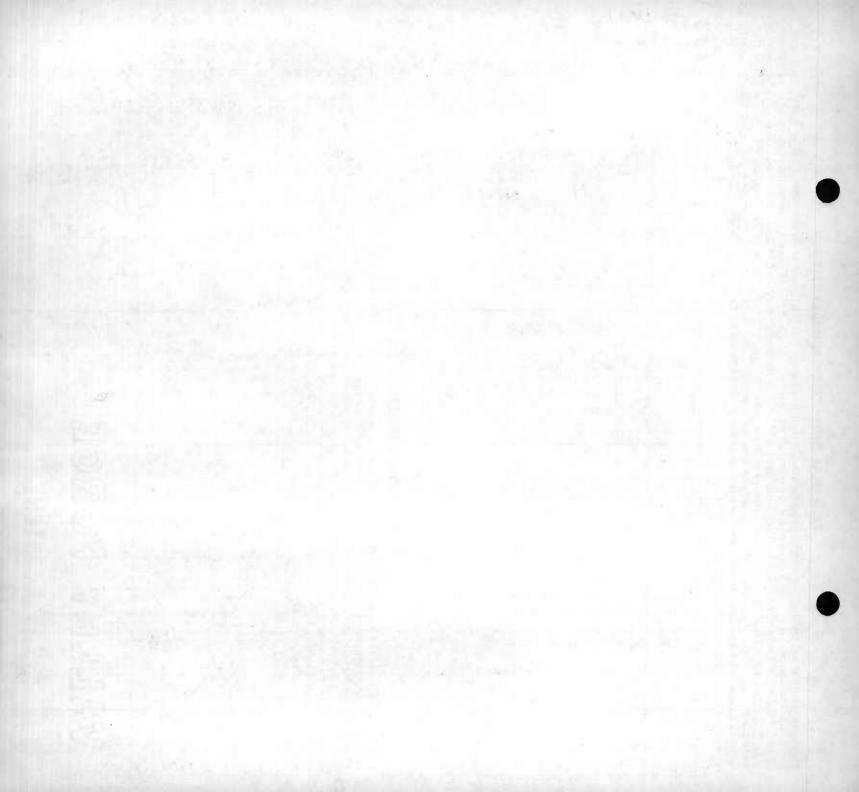
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M.E. CASE NO.	MED	ICAL EX	AMINER 5 CI	ERTIFICATE OF DI	AIN Register	red Na.		
I. NAME OF DEC	CEASED			2. DATE AND	HOUR PRONOUNCE	ED DEAD		
(Type or Print) WALLACE F. RICKETTS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where de					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			A. STATE Maryland C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)					
2				Timonium D. STREET ADDRESS (Il rurol, gi	ve locotion)	53-00		
	i Hospital			Edgemo	X Rd.			
male	WIDOWED, DIVORCED (specify)			B. DATE OF BIRTH Dec. 25, 1922	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs Months, Doys, Hours, Min.		
IOA. USUAL OCCU	JPATION (Give kind of wor			11. BIRTHPLACE (Stole or foreign	country)	12. CITIZEN OF		
	varking life, even if retired)			Baltimore Cou	intv	U.S.A.		
Elect 3. FATHER'S NAM	NE NE			14. MOTHER'S MAIDEN NAME	incy	0,0,7.		
Walte	r Ricketts			Mary Zink				
5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Yes	WW 2 -			Dorothy Ricketts	32 Edgew	moor Road		
18.	2313	1111111111		OF DEATH	Ja Lagew	INTERVAL BETWEEN		
	SE OR CONDITION DI LEADING TO DEATH		Severe	craniocerebral in	juries	ONSET AND DEATH		
heart loilure,	ost meon the mode of osthenio, etc. It means application which coused	the disease, deoth.)	DUE TO					
RISE TO THE UNDERLYIN	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTING THE						
19A. DATE OF	OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes at Na) 20	CERTIFYING CAUS			
UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	letc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE DID (If i		/ .)		
21D TIME OF INJURY	(Month) (Day) (Year	r) (Hour) 2	1E. INJURY OCCURRED	21 F. HOW DID INJURY				
(APPROX.)	8 31 65	? m. V	VHILE AT X NOT V	VHILE [fell from p	lank to gr	ound		
	ify that I held an I ted fram: Natural ca		Inspection Auto	apsy X and that an this Hamicide Und	determined manne			
ACTUAL	URE JUNE	311.4	M.D.	ASSISTANT MEDICAL EXAM	MINER	DATE SIGNED 9/4/65		
EXAMIN NAME (1	Type) Werner [J. Spitz	M.D.	ASSOCIATE MEDICAL EXA				
EMOVAL (Specify		230	C. HANGE OF CENTETERY OF	CREMATORY 23D. LOC	Allon (City,	town, or caunty) (State)		
Burial	9/7/6		ulaney Valley	Memorial Garde	ens Cock	eysville, Md.		
SEP 7	1965 120		alke MA	6 Church Hr		0 Liberty Height		

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J. P. DOMIN

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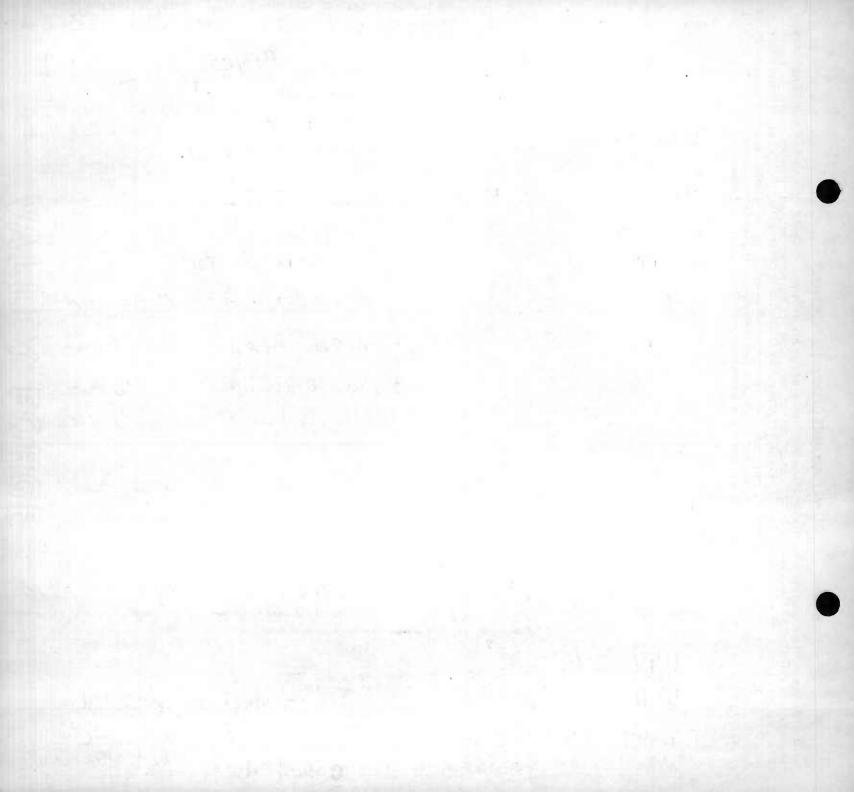
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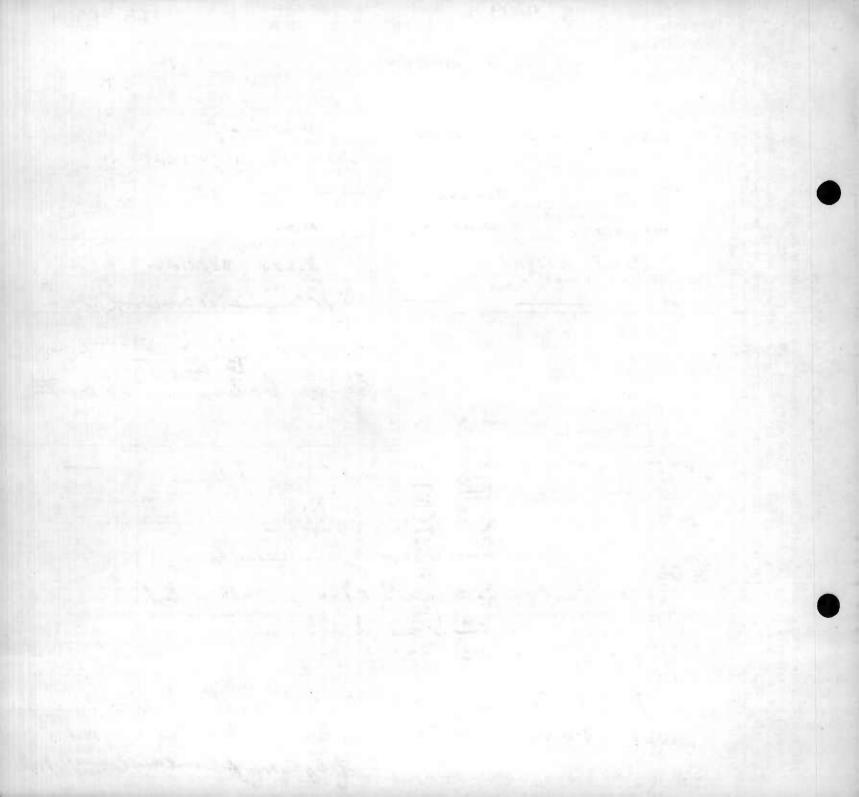
death eased n the Such	M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) THE CLARK	September 1 1965 7:45 A			
hospita iuse of ; (5) Dec dance o death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. US A. ST. FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CI	4. USUAL RESIDENCE (Where deceased lived, If institution; tesidence before admiss A. STATE B. COUNTY MARYCAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
cau cau	SINAL HOSPITAL OF BALTIMORE 15	ALTIMORE CITY REET ADDRESS (If rurol, give locotion) 2230 MADISON AUE			
contribut contribut letermined in regular eceased p	Female Negro WIDOWED, DIVORCED (specify) 9	P. AGE (In years of Under 1 Yr. If Under 24 Months; Doys Hours M.) ATHPLACE (State or foreign country) 12. CITIZEN OF			
death Undet as in e dec	HOUSEW/12. 13. FATHER'S NAME 14. MG	TRGINIA WHAT COUNTRY?			
the direct the direct kind; (4) death w nce on the	15. Wos Decessed Evel in U. S. Armed Forces? 16. SOCIAL 17. INF	Comma Diggs FORMANT OWell Clark - 2230 Madison Ave.			
medical examiner or I nedical examiner. Als burns; (3) A fracture ophysician who pronou an was in regular att	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the abave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OCIATED RENAL FAILURE			
Body the ysici	Disease or Condition Causing IT. 19A. Date of Operation 19B. Condition for which Operation Was Performed 20A	A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
by the cl pital by re; (2) B where tl No phy d before	OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner)	out 21 C. WHERE DID (If in Boltimore City, give exoct locotion) g., INJURY OCCUR?			
atu (6)	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?			
ppr any (ex ; ar	and haur and from the causes stated above. (I) (We) (did) (did not) view th	19 25 and that in(my) (aux) opinion death accurred on the body after death.			
0 0 7 7	land advantage to a	23B, DATE SIGNED			
certificate must be a body was released to vs. (1) An accident of D.O.A. at a hospital based prior to death) ten approval must be	22A. SIGNATURE When It woman M.D. Attending Phys. 22C. PHYSICIAN'S NAME (Type) ALLEN J. JUDMAN M.D. 24A. BURIAL CREMATION, 124B. DATE: 124C. NAME of CEMETERY OF CREMATO.	Med. Stoff September 1, 19 DDRESS INAI HOSPITAL OF BALTIMORE 134			

Town in which the control of the con

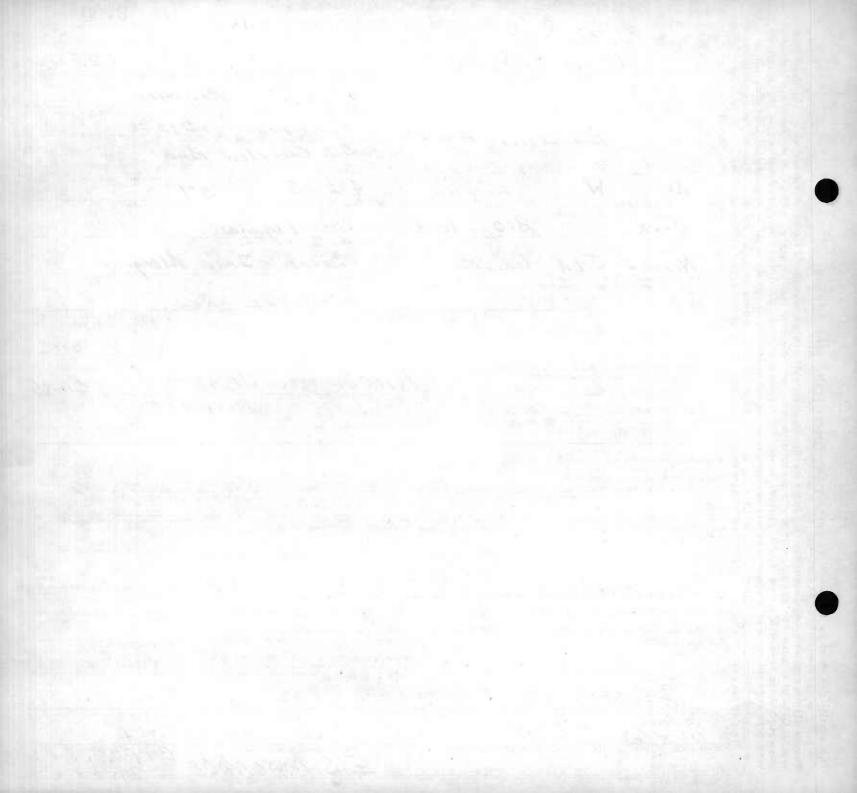
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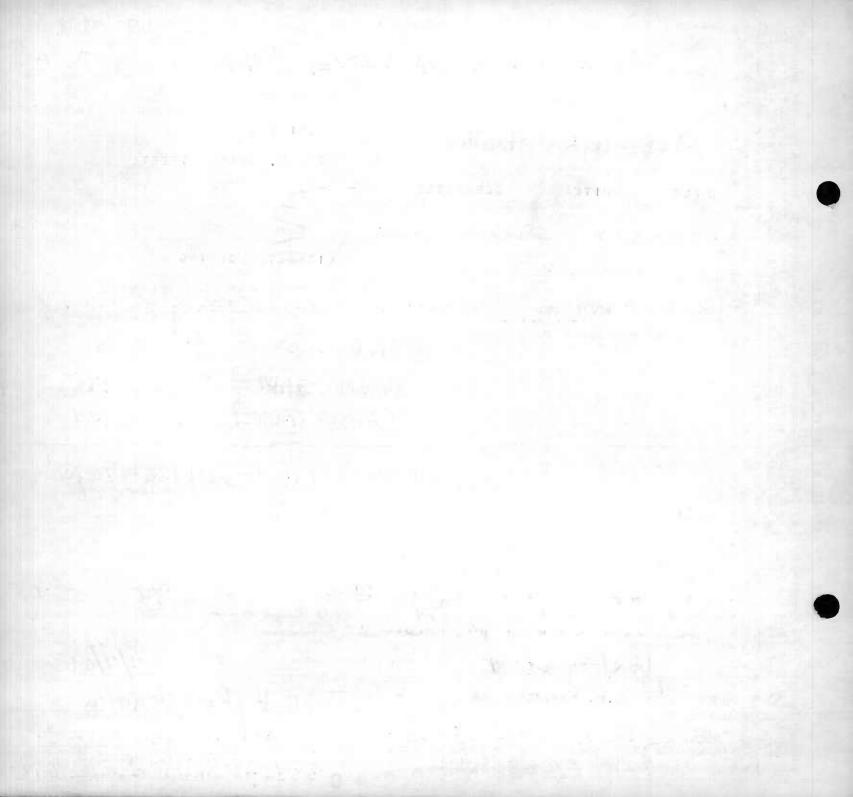
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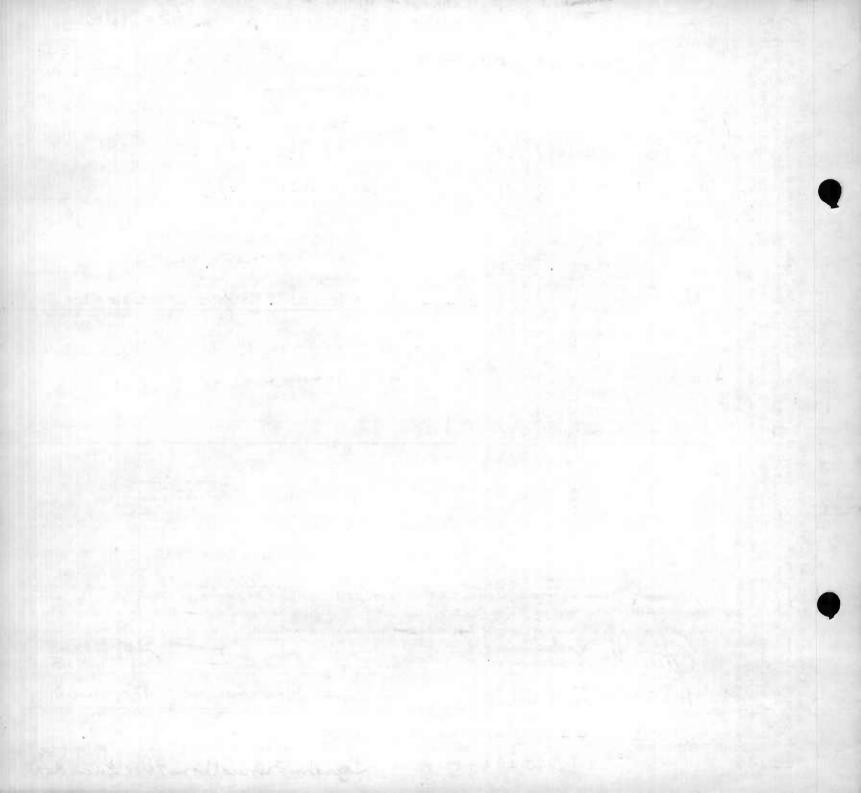


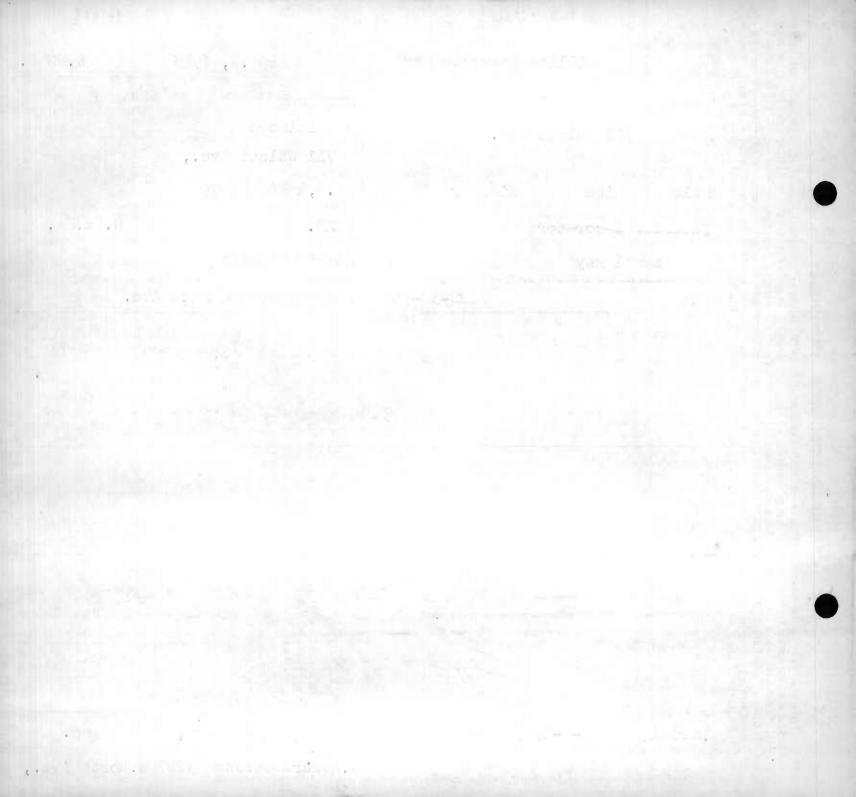
	BALTIMORE CITY	HEALTH DEPARTMENT	6.5	5 9100
BIRTH NO. 65 9100	CERTIFICA	TE OF DEATH	Registered No.	0.100
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND		2. DATE A	ND HOUR OF DEATH	
(Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution)	roves			1.25 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before admission)
FILL MARK OF HE are in bounded or inclination		1 1		ORE
FULL NAME OF (If not in hospital ar institution HOSPITAL OR address ar lacation) INSTITUTION	n, give street	C. CITY OR TOWN (If or	-	
		BACTIMOR		Province of the second
4 BON Secours	s HOSPITAL	IID. STREET ADDRESS (III	rural, give location)	
		313 GREEN	low KOAD	
5. SEX 6. RACE 7. MARRIE	D, NEVER MARRIED /ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
M W M.	ARRIED	4-2-08	57	
toA, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF
Clerk BEO	Railroad.	West Virgi.	Nial	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
NORMAN JOHN GRO	1155	Spanh	Jana 11	'neas al
NORMAN JOHN ORO	16. SOCIAL	17. INFORMANT	ome 19	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknawn) (If yes, give war or dates af service	SECURITY NO.	11		,
NO		HOSPITAL	- REC.	
1B. 4 //X I	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	\mathcal{Q}	00 TIS 6+	ENOSIS	VEDDO
(This does not mean the mode of dying, e.	g., DUE TO	11/4	L/V03/3	DEATH 5 1.25 A. M. ed. If institution: residence before admission? TMORE write RURAL and give township? 2.12.28 3.30 and and TS If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS C. INTERVAL BETWEEN ONSET AND DEATH S. HARS WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Boltimore City, give exact lacotion? 23B. DATE SIGNED Sept. 2. 1963 HOSP. BALT. Mcd. (City, fown, or county) (State)
heort loilure, osthenio, etc. It means the diseos injury or complication which caused death.)		1	11-	
ANTECEDENT CAUSES		EUMATIC ,	HEART	YEARS
DISEASES OR CONDITIONS, if ony, givin	DUE TO	78	DISEASI	E
rise to the obove couse (A) stoting the				
UNDERLYING CONDITION last,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE I	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		NO	IN CERTIFIENG CAL	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., i ome, farm, foctory, street, o	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact lacotion)
DEATH (notify medical examiner)	tc.)			
Q 21D, TIME (Month) (Day) (Year) (Hour) 2	IE INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	While At Nat While Nat Wark	le		
22. I certify that (I) (this hospital) attended		Maint 28	1965 10 5	opt 1065
that (I) (we) last sow the deceosed alive ar	1 1 -	1965 and 11		/
		4		mon deorn occurred an the dote
ond hour ond from the couses stoted obave. 23A. SIGNATURE	(I) (We) (did) (did not)	view the bady ofter deoth.		1228 DATE SIGNED
1 + 1 1 A	M.D. Att	ending Med.	Staff 1	80 0 x 2 161 L
Mariam all Com	Phy	s. Director	Phys.	Dept. 2. 1762
23C. PHISICIAN'S	/-	23D. ADDRESS	2/	0
IHGUSTIN dEL	CAMPO M.D.	BON Seco	URS HE	osp. DALT. NIC
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CR	EMATORY 24D. I	LOCATION (Ci	ty, fown, ar caunty) (State)
BURIAL 7/4/65	LOUDON	TARK =	BALTO, 1	NL.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO		OI FREDERIS
SEP 7 1965 00 000	0 5 5	4.5. MAC	NABB	2050
VS 150-REV. 171/65	arrey Mill	0 9 :	Ų.	~/





() F () 1 () 1 ()	BALTIMORE CITY	HEALTH DEPARTMENT	1	0100
BIRTH NO. 65 9102	CERTIFICA	TE OF DEATH	Registered Na.	9102
A.E. CASE NO.			110111	
NAME OF DECEASED		1	HOUR OF DEATH	2 22EP
CATHERINE L	AUGHTER		epember 1	9651 3231. W
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in:	stitution: residence before admission)
		1 1 1 1		12.0+
FULL NAME OF (If not in hospital or institu	tion, give street	MARYLAND		Salar
INSTITUTION		()		URAL and give township)
SINAI HOSPITAL OF	1 SALTIMORE INC	DALTIMORE	-6179	53.00
SINA MESTA			ural, give lacation)	# 20
BALTIMORE MI		1 27 15415	TER ST	20
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
100 (a (A))(.	OWED, DIVORCED (specify)	Dec. 20, 1921	ost birthdox	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF RUSINESS OF INDUSTRY	/	7 3	12, CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
Housewife		MARYLAND		U.SA.
FATHER'S NAME	The state of the s	14. MOTHERS MAIDEN NAM	\E	
			36 01	
Edward M. Euri	.ce	A	nna M. Stre	hLen
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT	THE PARTY OF THE P	ADDRESS
Ala		Mrs Company D T	assarbatana 27	Dietan Stuc
100	217-18-3719	Mr Garland B. L	augnter 2/	
18. 170 X I	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				24
LEADING TO DEATH	(A) CAR	CINOMA OF -	THE ISREE	187
(This does not mean the made of dying,	e.g., DUE TO			
heart failure, asthenia, etc. It means the disc injury ar camplication which coused death.)	aase,			
	(B) Wi	TH METATASI	s to Br	NE, LUNGS.
ANTECEDENT CAUSES	DUE 10			
DISEASES OR CONDITIONS, if any, gi	iving			
rise to the abave cause (A) stoling	The (C)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO				
TO THE DEATH BUT NOT RELATED TO	THE			
194 DATE OF OPERATION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES. WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	o of about 21C WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	tii iii boliimore	City, give exoct loconom
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
S OF INJURI	While At Not Whil			
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) attend	led the deceased from Ses	×13 # 10	965 to Sep	7. 3 1965
	C	15		
that (I) (wer) last saw the deceased alive	an Sept 3	19ond tha	t In(my) (ove) -apir	tion death occurred an the dot
and hour and from the causes stoted obay	ve. (I) (We) (did) (did not)	riew the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
(d) William	M.D. Atte	ending Med.	Stoff C	0.+21617
allen H. Julman	Phy	s. Director D	Stoff Phy s.	Sept 3, 1965
23C. PHYSICIAN'S NAME (Type)	TELLER	23D. ADDRESS		
ALLEN HITTUDMAN	M.D.	SIMAL HASD	ITAL DE	BALTIMORE
TI-SUN TO MINATE				13/10/11/01/04
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	IC. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, town, or county) (Stote)
	Belair Memorial	Cemetery Bela	air	Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	- Control of the Cont	1550000 / 17
SEP 7 1965 (P.O. B 8	talke MA	D A		ADDRESS (36)
256 (1202 (1PRON) &	· American	of posin til	malhone	7401 Below Road
S 150-REV, 1/1/65		9 9 9 9		





P-1901

65	9105	1	BALTIMORE CITY HEA	LTH DEPARTME	NT Y			
BIRTH NO.		ICAL EX	AMINER'S C	ERTIFICA	TE OF	DEATH Registe	red No.	FX 2 / 3 / 5
M.E. CASE NO.					16		00	9105
1. NAME OF DEC	CEASED	TE III	TOTOR	ELDIE	2. DATE AN	ND HOUR PRONOUNC	ED DEAD	
	NAOPIL		PRICE		Sept	ember 1, 196	55 8:	:35 P. M
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	I A STATE		deceased lived. If insti	NTV _	
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Ma	aryland		Hario	
HOSPITAL OR	ADDRESS OR LOCA	(TION)				de corparate limits, write	1	e township)
					THO COURT		1,	1-15
Joh	ns Hopkins Ho	spital		D. STREET ADD				
5. SEX	6. RACE	17 AAADDIED	NEVER MARRIED	B. DATE OF BIRT	rt-tradic-As		Lxon Av	
-			DIVORCED (specify)	April	17. 10	9. AGE (In years	Months, Doys	If Under 24 Hrs Hours Min.
Female	White		r Married	LARIN SERVICE NO	公主光社公	18		
done during most of	UPATION (Give kind of work working life, even if retired)	IIUR KIND OF	BUSINESS OR INDUSTR			gn country)	12. CITIZEN OF	UNTRY?
Stude		**			yland		U.S	.A.
				14. MOTHER'S M	AAIDEN NAM	\E		
(Clifford H.	Price			h Leor	na Homer		
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No			None	Elnora	Foor,	Aberdeer	n. Md.	
1B.	19.4.		CAUSE	OF DEATH			INTE	RVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY					ONSI	ET AND DEATH
	LEADING TO DEATH		(A) Multip	le Trauma	tic In	juries.		
heort foilure,	not mean the mode of , osthenio, etc. It means mplication which coused	the diseose,	DUE TO					
Injury or car	impression which coused	de oma/						
	ANTECENDENT CAUSE		(B)				3300	
RISE TO TH	OR CONDITIONS, IF A		DUE TO					
	NG CONDITION LAST.		(C)					
OTHER SIG	ii ii							
OTHER SIG	NIFICANT CONDITIONS							
T DISTAGE	DEATH BUT NOT REL		HE			******************************		***************************************
	OPERATION 198, CON		WHICH OPERATION			20B. IF YES, WERE FIN	IDINGS CONSID	
02/		OKIVIED		Ye	S	IN CERTIFYING CAUS	ES OF DEATH?	Yes
O UNDERLYING	L CAUSE WAS	21 B, I	PLACE OF INJURY (e.g., form, factory, street,	in or about 21C.	WHERE DID	(If in Baltimare City, giv	re exact location	102,00
E UTING CAU	SE OF DEATH.	etc.)	Street			, N. of Rt.	95. Harf	ord Co.
21D TIME	(Month) (Day) (Year) (Hour) 2	E. INJURY OCCURRED			URY OCCUR?		
(APPROX.)	8 31 '65		HILE AT NOT	WHILE E Pas	senger	in auto into	fixed o	blect.
22.		m. W						ojece.
	tify that I held on I					is bosis, deoth in m	y opinion	
resul	ted fram: Natural cou	ses A	ccident & Suicid	e Homic	ide	Undetermined monne	or	
ACTUAL	0/		1/-			XAMINER	DA	TE SIGNED
SIGNAT		alles	Celle M.D	ASSISTANT M	EDICAL E	XAMINERX		
EXAMIN		s S Pe	tty, M.D.	ASSOCIATE A	EDICAL E	XAMINER	9	9/2/65
NAME (*	7,6-7		C. NAME of CEMETERY of	CREAMATORY	23 D	LOCATION (City.	town or county	(State)
REMOVAL (Specify	y)					CHY,	tawn, ar county)	(State)
Buri			Harford Mer			Aberdeen,		
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTO	. / Те	arring]	Funeral
SFP 7	1965 A 0 B	12 Fa.	Os. FLM	Thelate	DIVER	/ A .		er., Md
VS 151-REV. 1/1/	65 /	10, 404	1 1 1 1	0 0	CHUCK-L	Line Die	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y 11700

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Moude Dr.

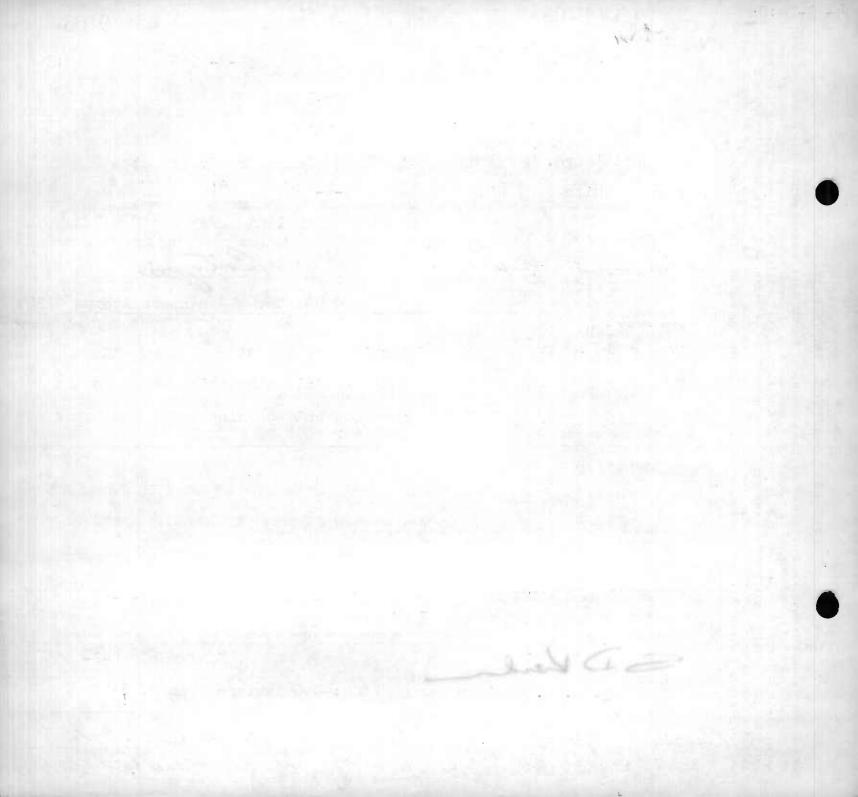
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Aberdeen, Md.

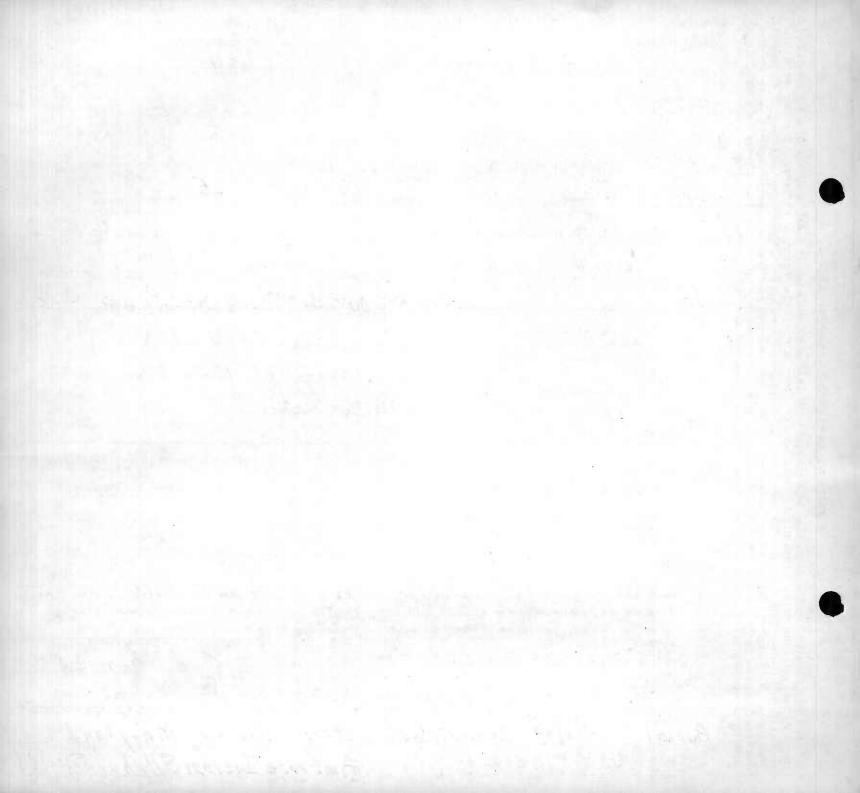
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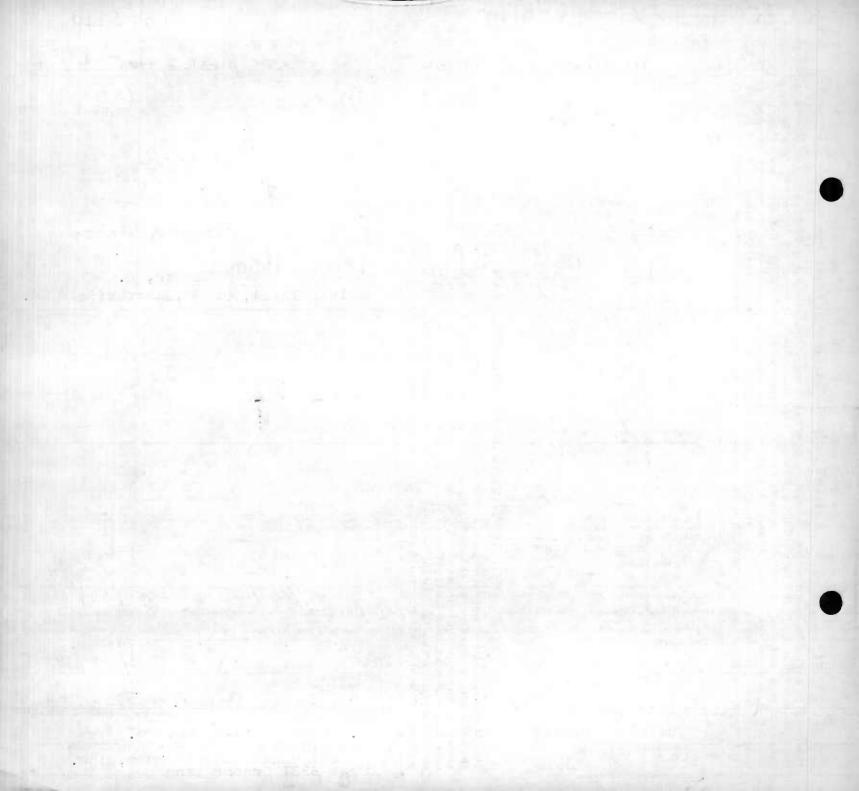
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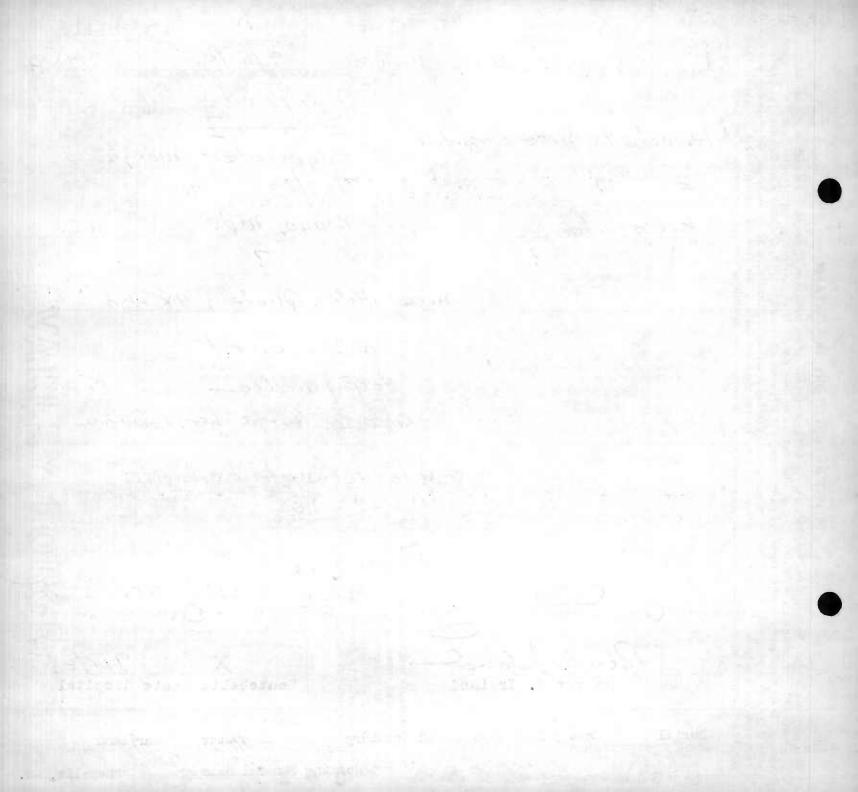


		BALTIMORE CI	TY HEALTH DEPARTMENT	1	65 9100
BIRTH NO.	65 9109	CERTIFICA	ATE OF DEATH	Registered Na	0103
M.E. CASE NO.	SED an		2. DATE A	ND HOUR OF DEATH	76
(Type or Print)	· Noill James	JEROME		9/2/65	230
3. PLACE OF DEATI	H IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Wh		stitution: residence before admis
		The Property	A. STATE B. COU	NTX	and the state of t
FULL NAME OF	(If not in hospital or instit	lution, give street	m.D.	BAITIMORE	
HOSPITAL OR	address or location)		C. CITY OR TOWN (If a	utside city limits, write F	(URAL and give tawnship)
/			Balti	MORK	53-00
000		/	D. STREET ADDRESS	f rutal, give lacation).	
YouWI.	1 Samon L	fac htal	1337	Paplan Ans	
INKNAI	N Square 11	osphal	1000	TOPIAR TIOE	
5. SEX 6.		RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	Manths Days Haurs M
ma	White	MARRIED	9130/1899	65	
		NO OF BUSINESS OR INDUST		eign country)	12. CITIZEN OF
dane during mast of wo	rking life, even if retired)		0 1.		WHAT COUNTRY?
TRUCK	DRIVER /re	4612179	MARy	(INI)	CLOFF
13. FATHERS NAME	1		14. MOTHER'S MAIDEN NA	ME	
~	IAMPS A	no.11	E11306	eth Scott	
15, Was Deceased E	ver in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	cin ocoll	ADDRESS
(Yes, ng ar unknawn) (I	f yes, give wor ar dates of se	rvice) SECURITY NO.		1	1 1 1
NO		210432 145	Mary L DIN	pill 1332	Prolov Alle
18. 16 2	/	1000	OP DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION DIRECTLY				ONSET AND DEATH
	EADING TO DEATH		Ancis mare	out all	
	mean the mode of dying,	e.g., DUE TO			/
heort foilure, os	sthenia, etc. It means the dis	seose,	1 /1400 =	Ma a	
	icotion which coused death.)	0	, comy c	Journal	1)er
AN	NTECEDENT CAUSES	DUE TOS)	1		
DISEASES OR	CONDITIONS, if any,		etas hase	> ;	
	above cause (A) stating	the (C)	***************************************		
UNDEKLING	CONDITION lost,				
7					
OTHER SIGNIFIC	CANT CONDITIONS CONTRIE				
DISEASE OR CO	ONDITION CAUSING IT.				
19 A. DATE OF C	PERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS CONSIDERED
ER O	WAS TENTORIVIED		no	Canali into CA	VI PROMIT
U 21 A. ACCIDENT	WAS UNDERLYING	218. PLACE OF INJURY (e.g.	in ar about 21C. WHERE DID	(If in Baltimare	City, give exact lacotion)
▼ DEATH (natify m	NG CAUSE OF	etc.)	office bldg., INJURY OCCUR?		
9		A COLE AND HERV CO COLUMN TO	015 110 110 110	HIN ORGINA	
OF INJURY	Month) (Day) (Year) (Haur		21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Wark At Wa	k 🗌		
22 1	(1) (ahin h		81.7	19 65 10	9/2 1965
	nat (1) (this hospital) atten	0 1			
that (I) (we) Id	st sow the deceased alive	e an	19 65 and t	hat in(my) (aur) apir	nian death occurred on the
and hour and f	from the causes stated abo	ve. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE					23B. DATE SIGNED
111	2000000	MAD A	ttending Med.	Staff [1]	0 11
7/20	cer upo	P	nys. Director	Phy s.	7-2-68
23C. PHTSICIAN			23D. ADDRESS	101	1
12. 7	DEC 10	OSARLO MI	- hounk	un des. /6	to-96.
24A BUDIAL CREAT	ATION, 24B. DATE	GINICO	100	LOCATION (C.	to town of an asset of
REMOVAL (Spe		24C. NAME of CEMETERY of C	REMATORY 24D.	LOCATION (Cit	y, town, or county) (Sta
Burlal	9/6/65	Meadowindrel	emeters I	Parsev M	laryland
25A. DATE REC'D B	Y HEALTH DEPT. 258. N.	AME-OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
SEP 7	1965 ROLBE	Starber M.A.	Δ. /	T	111 5 1
OF! !	in a appoint	0 5 11	of morning	INC/328 Du	Ilphux p. 1
VS 150-REV. 1/1/65			0 - 5		





	BALTIMORE CIT	Y HEALTH DEPARTMENT	V	
65 9111	CERTIFICA	TE OF DEATH	Registered Na.	5 9111
DECEASED	3		ID HOUR OF DEATH	
KULTESS LU	icy line		1/65	9:43 AM.
F DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If inst	itution: residence before odm(ssion)
ME OF (If not in hospital or institution,	give street	Maryla.	nd	(1/1
OR oddress or location)		C. CITY OR TOWN (If out	tside city limits, write RU	JRAL and give township)
1-1 11 Stade 11	1 1	Baltin	arel	52-00
vehello stave He	Spital		1	. / /
L'acceptance de la constant de la co	NEWS MARKE			
WIDOWE il	doued (specify)	9/25/93	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Month's Doys Hours Min.
	F BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?
		Mayo, 7	ud.	U.S.
			ME	
?		7		
eosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS A
(nown) (If yes, give war or dates of service)	SECURITY NO.	111	1- Das	Cont. Ass.
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XOO	CAUSE	JE DEATH	THE LANGE	ONSET AND DEATH
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		1 p 1		1/2
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the above cause (A) stating the	(c) Qr	toriosclerati	it heart	direase
		· · · · · · · · · · · · · · · · · · ·		
SIGNIFICANT CONDITIONS CONTRIBUTION	ıG			6
IE DEATH BUT NOT RELATED TO TH		rheymothy	id anthoni	de
E OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
WAS PERFORMED		no	IN CERTIFYING CAUS	SES OF DEATH?
CIDENT WAS UNDERLYING 216	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore (City, give exact location)
	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
, W				
			10 67-	7/1 105
	o /			7. /
			at in (my) our) apini	on death occurred an the date
	(I) (We) (did) (did nat)	view the bady after death.		
all of the	0 40 40	ending - Med -		238, DATE SIGNED
Colrect pelar	M.D. All	s. Director	Phy s.	7/1/65
SICIANS ME (Type) Robert W. Ire	land M.D.	23 D. ADDRESS Monte	ebello Stat	e Hospital
CREMATION, 248. DATE 24C. N	AME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City.	, town, or county) (Stote)
9	ne Chev-3 O		^	
	of registrar	25C. FUNERAL DIRECTOR	gewater / M	ADDRESS
250. NAME	A. C.		ter / Bea	Of for
7 1965 A P. A & X		Hopping runers	AT Home	Annapelis, Md.
	DEATH IN BALTIMORE, MARYLAND ME OF (If not in hospitol or institution, or oddress or locofion) ME OF (If not in hospitol or institution, oddress or locofion) ME OF (If not in hospitol or institution, oddress or locofion) ME OF (If not in hospitol or institution, oddress or locofion) ME OF (If not in hospitol or institution, oddress or locofion) ME OF (If not in hospitol or institution, oddress or locofion) ME OF (If not in hospitol or institution, oddress or locofion) MARKETER (WIDOWE (WIDOWE KIND OF MARKETER) ISEASE OR CONDITION DIRECTLY LEADING TO DEATH DOES NOT MEAN TO THE LATED TO THE OF OPERATION (AUSING IT.) THE OF OPERATION (1988, CONDITION FOR WAS PERFORMED) CIDENT WAS UNDERLYING (ITRIBUTING CAUSE OF LOCATION) LET (Month) (Doy) (Year) (Hour) (1988) LET (Month) (Doy) (Year) (Hour) (1989) CREMATION, (248, DATE (24C, NOTAL (Specify)) CREMATION, (248, DATE (24C, NOTAL (Specify)) LET (CREMATION, (248, DATE (24C, NOTAL (Specify))) CREMATION, (248, DATE (24C, NOTAL (Specify)) CREMATION, (248, DATE (24C, NOTAL (Specify))	CERTIFICA DECEASED DECEASED TO REATH IN BALTIMORE, MARYLAND ME OF OR OR OR OR OR OR OR OR OR	DECEASED TO REATH IN BALTIMORE MARTLAND ME OF Uff not in hospital or institution, give steel OR oddess or locotion) ON State Hoop Jal D. STREET ADDRESS UIT C. CITY OR TOWN! III ou D. STREET ADDRESS UIT B. DATE OF BRITH WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (spe	CERTIFICATE OF DEATH Registered No. DECEASED 2. DATE AND HOUR OF DEATH Registered No. DECEASED 2. DATE AND HOUR OF DEATH Registered No. DECEASED 2. DATE AND HOUR OF DEATH A. USUAL RESIDENCE (When deceased lived, If inst. S. COUNTY B. STREET ADDRESS B. DATE OF FIFTH B. ACE (In your of Moders) C. CITY OR TOWN B. STREET ADDRESS B. DATE OF FIFTH B. ACE (In your of Moders) C. CITY OR TOWN B. STREET ADDRESS B. DATE OF FIFTH B. ACE (In your of Moders) C. CITY OR TOWN B. STREET ADDRESS B. DATE OF FIFTH B. ACE (In your of Moders) C. CITY OR TOWN B. STREET ADDRESS B. DATE OF FIFTH B. ACE (In your of Moders) C. CITY OR TOWN B. AMME C. CITY OR TOWN B. STREET ADDRESS B. DATE OF FIFTH B. ACE (In your of Moders) B. AMME C. CITY OR TOWN B. STREET ADDRESS B. DATE OF FIFTH B. ACE (In your of Moders) C. CITY OR TOWN B. AMME C. CITY OR TOWN B. AMME OF TOWN C. CITY OR TOWN B. AMME OF TOWN C. CITY OR TOWN C. CITY



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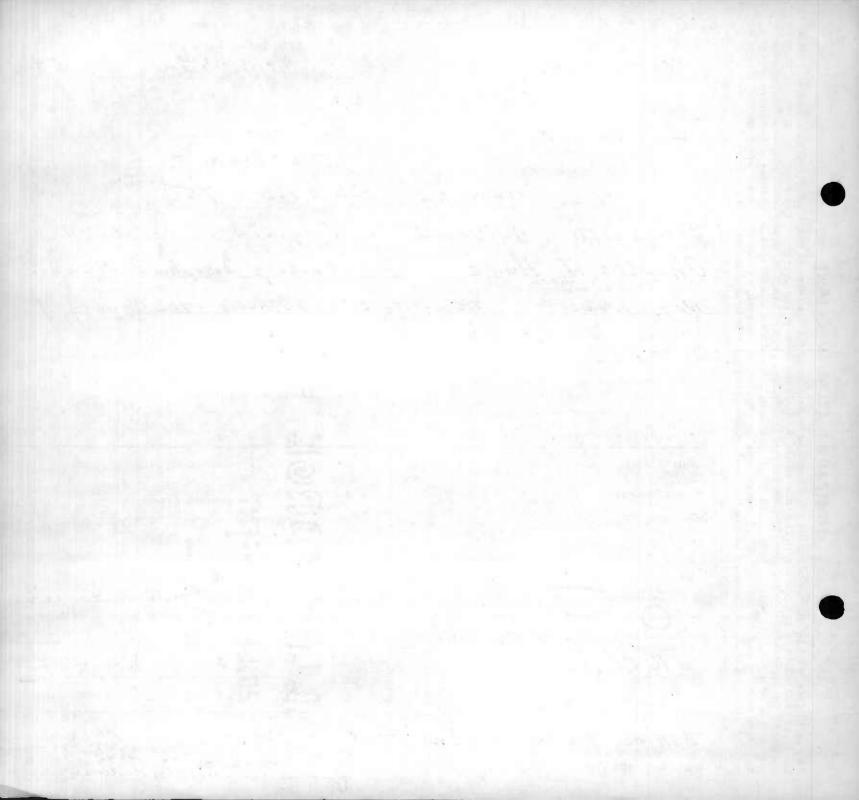
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FUNERAL

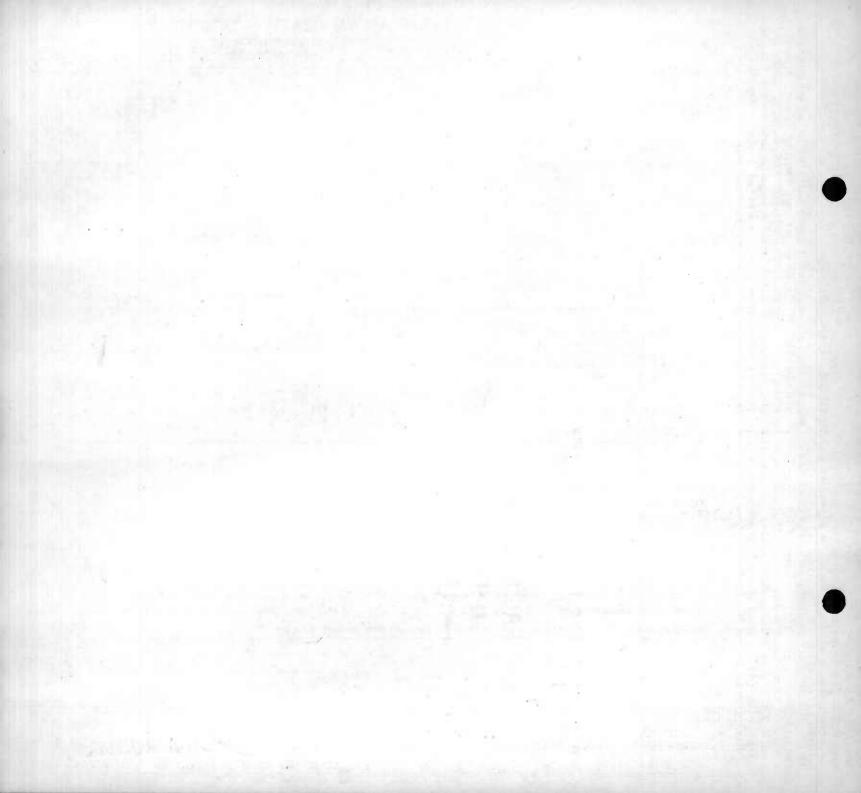
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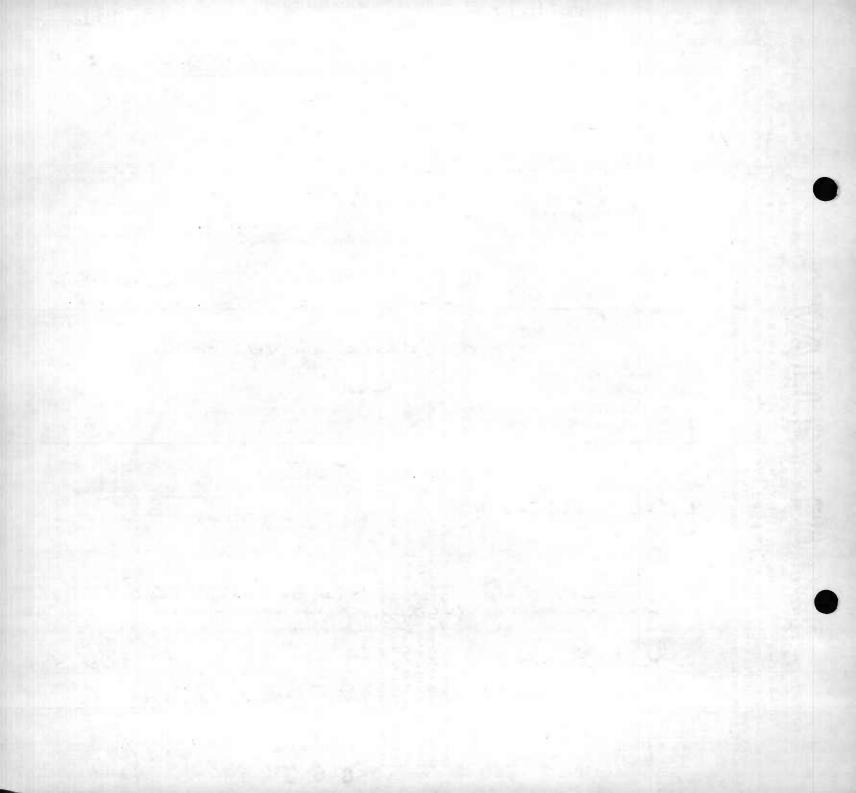
	0140	BALTIMORE CITY	HEALTH DEPARTMENT	65 9113
BIRT	н но. 65 9113	CERTIFICA	TE OF DEATH Regi	stered No. 65 9113
	. CASE NO. AME OF DECEASED		2. DATE AND HOUR	
	e or Pill alter Hume		9/4/65 -	
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		14. USUAL RESIDENCE (Where deceos	ed lived. If institution: residence before admission
			A. STATE B. COUNTY	19-11
- 1	OLL NAME OF (If not in hospital or institu	tion, give street	C CITY OR TOWN (If outside city	limits, write RURAL and give township)
1	NSTITUTION L. L.		Relation	minis, whie worker one give township
6	Lutheran Hospit	al	D. STREET ADDRESS (If rurol, give	e location)
			1702 - RAMA	an St
5. 5	EX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (
1		APRIEL	FEB. 12 1890 ost birthe	Months Doys Hours Min.
σÀ	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE State or foreign countr	y) 12. CITIZEN OF
on	during most of working life, even if retired)		11.	WHAT COUNTRY?
2	OLACKS4,Th 1	ail rond	VIRGINIA	4.5. A.
٥٠	O /		14. MOTHER'S MAIDEN NAME	
	CharLES H Hu	IME	Ph.LLip D.	OSEPHINE MUNDIE
	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
		705-10-2284	LILLIAN C. HUME	1712 RAMEDY ST
_	NO NONE 18.422, 14-260X	CAUSE O	F DEATH	INTERVAL
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A)	CVA	
	(This does not meon the mode of dying, heart foilure, asthenia, etc. It means the dis			
	injury or complication which coused death.)	5056,	A B	
	ANTECEDENT CAUSES	(B)	ASCVO	
	DISEASES OR CONDITIONS, if ony, g	iving		
	rise to the obove couse (A) stoting	the (C)		
	UNDERLYING CONDITION lost.		and Rash and San	
z	OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING		
ATIO	TO THE DEATH BUT NOT RELATED TO	THE Dia	beter mellitus	
CA	19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		No IN CE	RTIFTING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
EDIC	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OC	C1102
ME	OF INJURY	While At Not While		CON:
	(APPROX.)	Work At Work		
	22. I certify that (1) (this hospital) otten	led the deceased from	tuguet 26, 1965	10 September 4, 1965
	that (1) (we) last sow the deceased alive	on September 4	19 65 ond that in (m)	y) (our) opinion death occurred on the do
	and haur and from the causes stated abou		/	0
	23A. SIGNATURE			23B. DATE SIGNED
	TRRI I	M.D. Att	ending Med. Stoff Phys.	9/4/10
	23C. PHYSICIANS	Phy	s. Director Phys.	1/1/68
	NAME (Type)		Lutheran Hosp	ital
-	· Robert C. Blackm			
24/	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
	BURIAL 9-6-65	Loudon Ta	RK BALT	MORE MARILAND
	. DATE REC'D BY HEALTH DEPT. 258. NA		25C. FUNERAL DIRECTOR	ADORESS
25 A				SUNIOR AL PTOTE
25	SEP 7 1965 P.O. A. E.	Faller Hill	GGOLLIS CHWAD!	les 3101 Ruderich Cive



NAME OF DEC	CEASED			0.04	TE AND HOUR OF DEAT	TU	
ype or Print)		y Augustyn	niak		eptember 3,196		
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	(Where deceased lived, I	f institution: residence before od	
	418 South Wo			A. STATE B. Maryla	COUNTY	7-12	
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR INSTITUTION At Home						te RURAL and give township)	
				Baltimor		ie kokat ond grve iownship)	
					(If rurol, give tocotion)		
				D. STREET ADDRESS (If rurol, give focotion) 4.18 South Wolfe Street			
SEX	6. RACE	7. MARRIED, NI		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months: Doys Hours	
Female	'emale White Widow			Aug, 8, 1881	lost birthdoy)	Months Doys Hours	
	UPATION (Give kind of work	110000 11		11. BIRTHPLACE (Stote		12. CITIZEN OF	
	working life, even if retired)			Poland		WHAT COUNTRY?	
3. FATHER'S NA				14. MOTHER'S MAIDE	N NAME	U.S.A.	
	tine Rozga			Mary Noval	ζ		
es, no or unknow	d Ever in U. S. Armed For n)(If yes, give wor or dote	rces?	SECURITY NO.	17. INFORMANT		ADDRESS	
				Mrs.Marie F	ryza 519 S.451	th Street	
18. 4. 2	d 4/2 1		CAUSE C	OF DEATH		INTERVAL BETWE	
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	nat mean the made af		DUE TO				
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hearl failure,	, asthenia, etc. 11 means mplicatian which caused	the disease, death.)	DUE TO	nlarged	Heart	Hyrs.	
heart failure, injury or co	, asthenia, etc. It means mplication which coused ANTECEDENT CAUSES	the disease, death.)	DUE TO	nlarged	Heast	Hyrs.	
heart failure, injury or co	, asthenia, etc. 11 means mplicatian which caused	the disease, death.)	DUE TO (B) DUE TO	nlarged	Heart	Hyrs.	
heart failure, injury or con	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	DUE TO (B) DUE TO	nlarged energy	Heart	Hyrs.	
heart failure, injury or con	, asthenia, etc. II means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A)	the disease, death.)	DUE TO (B) DUE TO (C)	nlarged except	Heart	Hyrs.	
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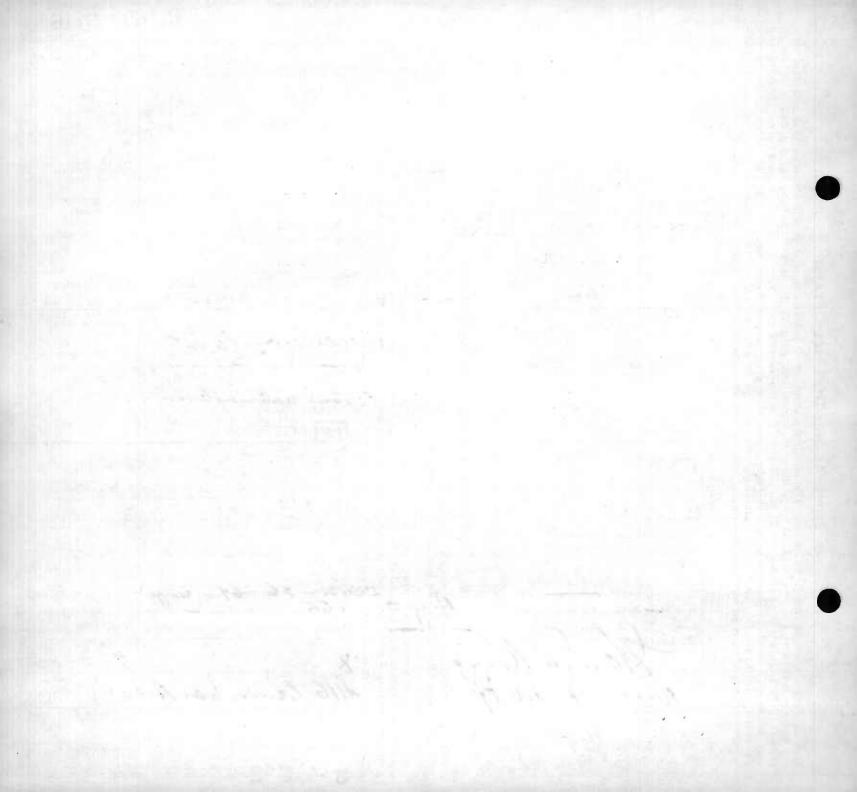


RTH NO. .E. CASE NO.	CERTIFICA	ATE OF DEATH Registered No.			
NAME OF DECEASED		2. DATE AND HOUR OF DEAT			
Ne cora use pak	ers	September 3, 1965 2 4. USUAL RESIDENCE (Where deceased lived. If institution: vasidence before admission and state B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2211 West Rogers Avenue			
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institute oddress or location)	tion, give street				
The Wesley Home, In 2211 West Rogers Av	_				
Baltimore, Maryland					
SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24		
Female White	Widowed (specify)	10/15/1873 lost birthdoy) 91	Months Doys Hours M		
A. USUAL OCCUPATION (Give kind of work 108, KIN)			12. CITIZEN OF		
ne during most of working life, even il retired) Homemaker		Baltimore Co., Md.	WHAT COUNTRY?		
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
James Munroe		Rebecca Parks			
. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL		211 West Rogers A		
es, no or unknown) (If yes, give wor or dotes of servi		77			
18.4-20 / W- / 70 Y	404-64-1407	The Wesley Home, Inc. B	altimore, Md. 9		
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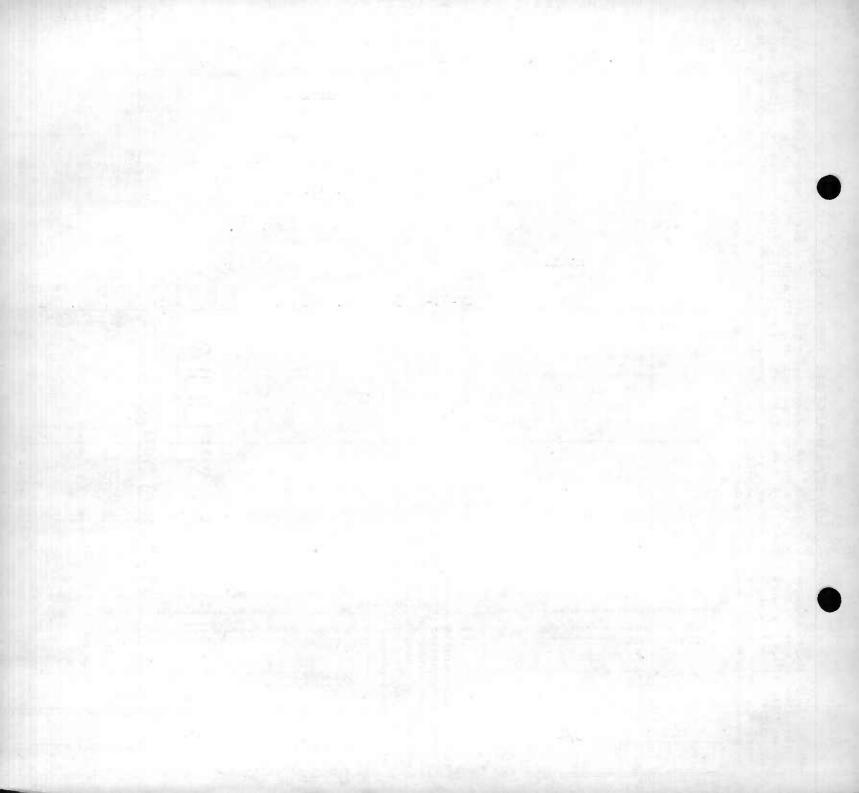
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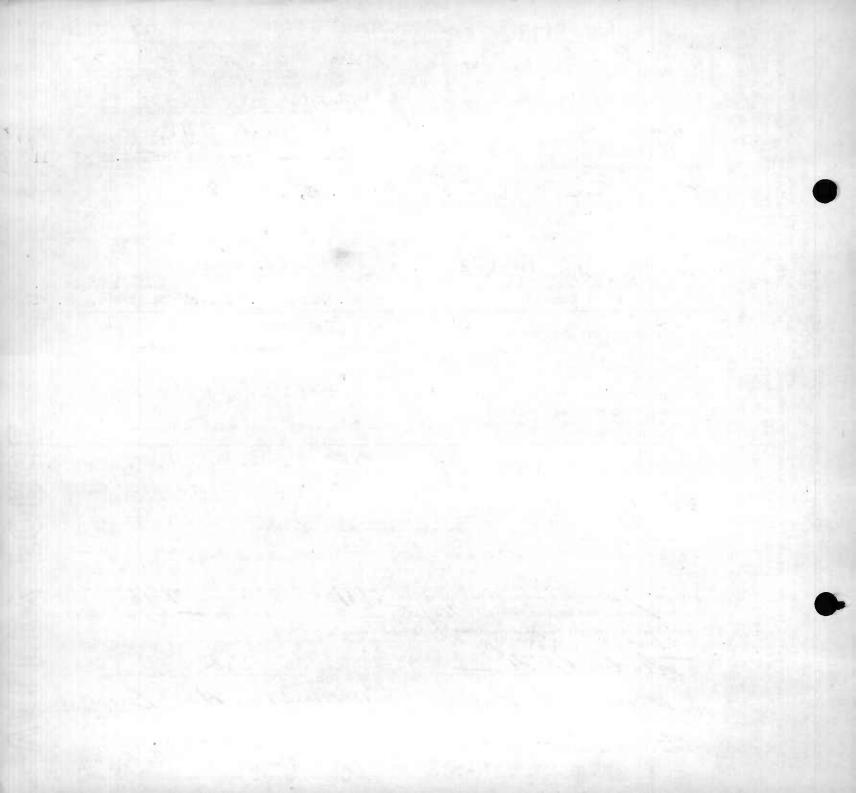
BALTIMORE CITY HEALTH DEPARTMENT



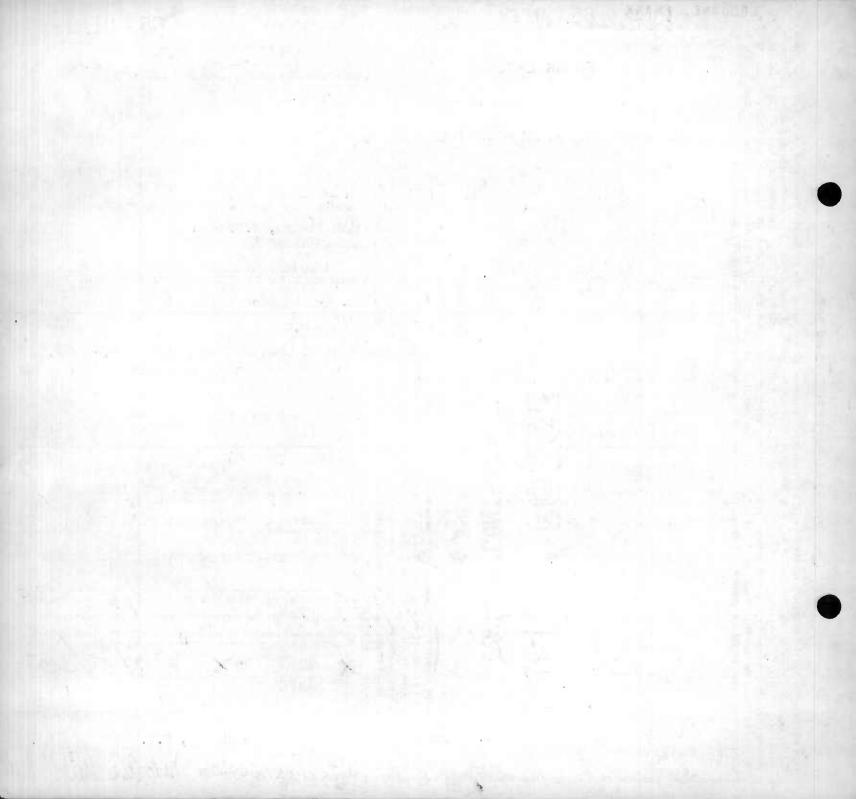
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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BIRTH NO.	69 91	1. /		TE OF DEATH	Registered No	65 9117		
M.E. CASE NO.	CEASED		CERTITION		AND HOUR OF DEATH	.		
Type or Print)	Dr. Norman	L. Nied	enthol		igust 31, 196			
. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where deceased lived, If institution; tosidence before admissi				
				Maryland	UNIY	- 12		
FULL NAME			give street		autelda situ limitel unite	RURAL ond give township)		
INSTITUTION				Baltimore	outside city minus, with	r KOKAL 'ono-give township)		
2	Sinai Hospita	1			(If rural, give location)			
				4006 Fernhill Avenue 15				
5. SEX					9. AGE (In years	If Under 1 Yr. , If Under 24 H		
Male	WIDOWED, DIVORCED (specify)			Dog 11 1886	lost birthdoy)	Months Doys Hours Min.		
				Dec. 11, 1885		12. CITIZEN OF		
done during most o	of working life, even if retired)					WHAT COUNTRY?		
Denti	st	135		Waynesboro	, Pa.			
3. FATHER'S NA	AME			14. MOTHERS MAIDEN N	AME			
Hen	ry Neidentohl			Emma	Piper			
5. Wos Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
Yes, no oi unknov No	vn) (If yes, give wor or dote None	es of Service)	SECURITY NO.	36 77 -		006 Fernhill Avenue		
	140119		217-38-4553	Mrs. Helen Ni	edenthol Ba	altimore, Md. 15		
18. 42	01/1		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISE	ASE OR CONDITION DI	RECTLY	[]	N-	11.	17.1		
	LEADING TO DEATH		(A) (A)	1000141 182	allentello	w wenter		
	nal mean the made af , asthenia, etc. It means							
	mplication which coused		19.	1-10 115)	10		
	ANTECEDENT CAUSES		(B) 6/4	TRU/2 04 - 11	1	13 11/12.		
			DUE TO					
	OR CONDITIONS, if the obave cause (A)		(6)					
	NG CONDITION last.	sioning me	(C)	***************************************				
	П							
OTHER SIG	NIFICANT CONDITIONS (ONTRIBUTIN	G					
E TO THE	DEATH BUT NOT RELA	ATED TO TH						
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
19A. DATE O	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?		
	ENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimo	oie City, give exact location)		
	BUTING CAUSE OF fy medical examiner	hom etc.		fice bldg., INJURY OCCUR?				
U								
21D. TIME	(Month) (Doy) (Year)		. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?			
(APPROX)		Wh	rile At At Work			,		
22 1				2/11	2063	8/1/21 -1-1-		
22. 1 certit	y that (1) (this hospita	I) attended t	he deceased trans	7, 7	19 7 /- to	4/5/ 1962 >		
that (I) (we	e) lost saw the decease	ed alive on	0/26	19 C/ 5 and	that in (my) (our) as	pinian death accurred an the d		
and haur a	nd from the causes sta	ted abave. (I) (We) (dtd) (did nat) v	lew the body after deat	h.			
23A. SIGNAT		1	1	N. H. I.		23B, DATE SIGNED		
1	Pd. 1.1	4121	M.D. Atte	nding Med.	Stoff	9/2/10		
220 8114515	Lawara,	nuy	Phy:	s. Director	Phys.	1-163		
23C. PHYSICI		(23D. ADDRESS	Enn.			
			M.D.	17 6,6	ageir s	P.		
4A. BURIAL CE	REMATION, 24B. DATE	24C. N.	AME of CEMETERY of CRE	MATORY 24D	LOCATION	City, town, or county) (State)		
REMOVAL		CF T	David Didas Car	mo to me	Dikogrillo	Mawrland		
Buria	12/-/		Druid Ridge Cen		Pikesville,			
25A. DATE REC'	1965 (120) &	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR	Balto, my		
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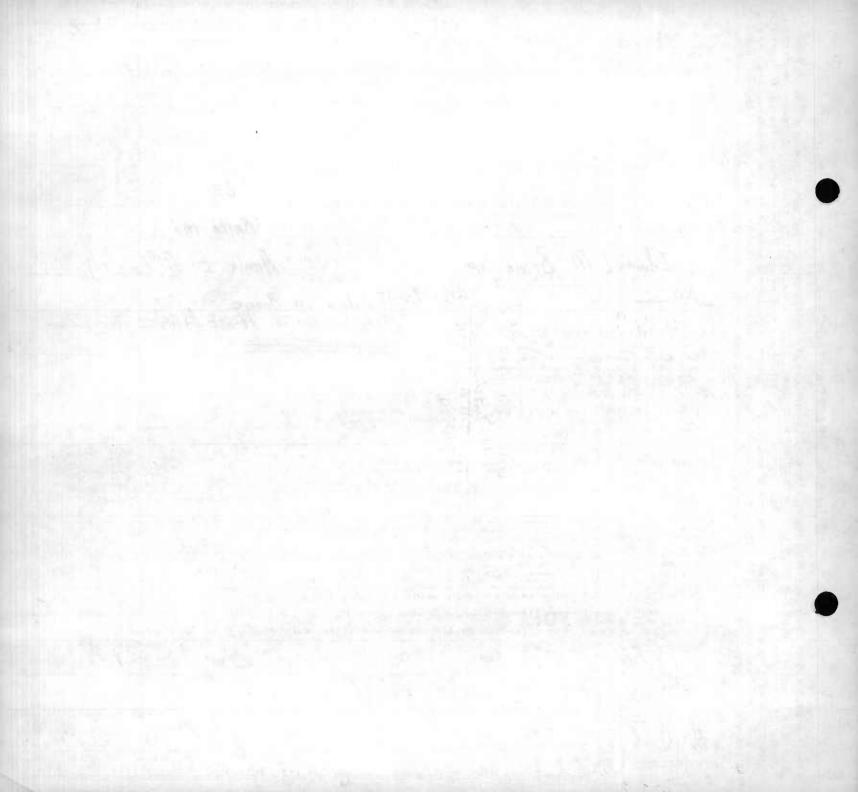


	AME OF DEC	EASED			ATE OF D	2. DATE AND HOUR	OF DEATH	
(Ty	pe or Print)	FRAN	VK LEDOI	NNF		9-5-65		2.45 A
3.		FRAN		Table 1	A. STATE NEW Y	B. COUNTY	l lived. If institut	ian: residence before admiss
	FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in has) oddress ar la	pital ar institution cotian)	n, give sneet	C. CITY OR TO	WN (If outside city li	mits, write RURA	L ond give township)
5	THE J	OHNS HOPE	KINS HOS	SPITAL	D. STREET ADD	PLAINS RESS (If rural, give I		
7	0					RK AVE	aconan)	
5.	SEX	6. RACE	7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In	years If	Under 1 Yr. If Under 24 https://doi.org/10.1001/10.100
10	MALE	WHITE	NEVE	ED. DIVORCED (specify) R MARRIED OF BUSINESS OR INDUSTR	10-17	-58 last birthda		
		warking life, even if reti		OF BUSINESS OR INDUSTR			12.	CITIZEN OF WHAT COUNTRY?
10	never	worked				ains, N.Y.		,
13.	FATHER'S NA				14. MOTHER'S A			
		LEDONNE				JISE CULLO		ν
15. (Ye	Was Deceased s, na ar unkna wn	Ever in U. S. Armed	d Forces? dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	THE TIME		ADDRESS
					Mr. Fran	nk LeDonne 6	Park Av	e White Plains
	18. 75	4.71		CAUSE	OF DEATH	hċ		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION	DIRECTLY		. I Till		. 1	
		LEADING TO DEA		(A) Core	enital Hear	desense- ran	uspositin	. GYVS.
	heart failure.	nal mean the made asthenio, etc. It me	e of dying, e.g eans the diseos	B., DUE TO		49.	estoresel	byvs.
	injuly al con	nplication which cou	used death.)			10		
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		ANTECEDENT CAL	1252	DUE TO	*****************************			
	DISEASES C	OR CONDITIONS,	if ony, givin	DUE TO	***************************************			
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	DISEASES (OR CONDITIONS, e abave cause G CONDITION lost	if ony, givin (A) slating th	DUE TO				
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VS 150-REV. 1/1/65



BIRTH NO.	19 77		A	UU UILLU
M.E. CASE NO.	H123 CERTIFICA	ATE OF DEATH	Registered No	
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print) Kalik In	eller	9/5	- 165	2:45 A
PLACE OF DEATH IN BACTIMORE, MARYLAI		4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before admission
		A. STATE B. COUNTY		o not
FULL NAME OF (If not in hospital or ins	titution, give street	maryland		Ballo
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outsid	e city limits, write R	URAL ond give township)
0	_ 0	Baltinane		63-00
Sutheran Haspit	al of panglan	D. STREET ADDRESS (If rure	l, give location)	
		2/16 Durynn	Oak a	2v.
. SEX 6. RACE . 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 H
M white "	VIDOWED, DIVORCED (specify)	0/11/91 105	birthdoy)	Months Doys Hours Min.
19	manned	8/14/11	74	i i i
OA. USUAL OCCUPATION (Give kind of work 10 B. one during most of working life, even if retired)	harles S. Well	11. BIRTHPLACE (Stote or foreign	counfry)	12. CITIZEN OF WHAT COUNTRY?
()	and the state of t	max. land		71.60
3. FATHER'S NAME	reging co.	14. MOTHER'S MAIDEN NAME		1 2 2 . 4
0.	ba! 1 1	2	-/	1
Gearge Under	w/Meller	Kanel Mai	Theres	
5. Was Deceased Ever in U. S. Armed Forces? les, no or unknown! (If yes, give wor or dotes of	1 6. SOCIAL	17. INFORMANT		2116 Durynw Da.
wor or unknown in yes, give wor or dotes or	1 1 1 2	VB. 4.10	1/4 1	1 0 ht
yell WW	214-18-0965	Breedster (x	st mill	er Dalla J. M.
118.5-27.21	CAUSE			ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	.Υ	ute Pulmonau	1.	
LEADING TO DEATH	(A) Clc	ule Fulmional	y bolem	
(This daes nat mean the made of dyin heart failure, asthenia, etc. It means the	g, e.g., DUE TO		0	
injury ar camplication which caused deat				
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state				
UNDERLYING CONDITION last.	(6)			
11				
	RIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES. WERE F	INDINGS CONSIDERED
WAS PERFORM			N CERTIFYING CAU	
F A TENTONIN				SES OF DEATH?
	218 PLACE OF INITIBY (o. c.	in or about 21C WHERE DID	III in Rollimaro	ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street,	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	SES OF DEATH? City, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	ISES OF DEATH?
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) 1Ha OF INJURY (APPROX.) 22. I certify that (I) (this hospital) att that (I) (we) lost saw the deceased all ond hour and from the causes stated of 23A. SIGNATURE 23C. PHYSICIAN'S NAME ITYPE) 24A. BURIAL CREMATION, 24B. DATE	while At Not When At Work At Work Sive on Manual States (1) (We) (did) (did not)	office bidg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW DID INJUR 19 65 ond that view the body ofter death. Hending Med. Str. 123D. ADDRESS Luthuran La	y OCCUR? 5 to lep in (my) (aur) apin iffs.	City, give exact location) 19 6 5
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) IDoy) (Yeor) IHO OF INJURY (APPROX.) 22. I certify that (I) (this hospital) att that (I) (we) lost saw the deceased all ond hour and from the causes stated on 23A. SIGNATURE June C. Esperity C. Esperity INJA C. Esperity C.	white At Not Who work on At Work ended the deceased from the work of the work	office bidg., INJURY OCCUR? 21 F. HOW DID INJUR 21 F. HOW DID INJUR 19	y OCCUR? 5 to lep in (my) (aur) apin iffs.	City, give exact location) City, give exact location) 1965 ion death occurred on the decate of th
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) 1Ho OF INJURY (APPROX.) 22. I certify that (I) (this hospital) att that (I) (we) lost saw the deceased ali and hour and from the couses stated o 23A. SIGNATURE 23C. PHYSICIAN'S NAME ITYPE) TWIA C. ESP 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 25B. DATE REC'D BY HEALTH DEPT. 25B.	while At Not Whork Not Who	office bidg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW DID INJUR 19 65 ond that view the body ofter death. Hending Med. Str. 123D. ADDRESS Luthuran La	y OCCUR? 5 to lep in (my) (aur) apin iffs.	City, give exact location) City, give exact location) 19 65 ion death occurred on the death occurred occurred on the death occurred on the death occurred
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) 1Ha OF INJURY (APPROX.) 22. I certify that (I) (this hospital) att that (I) (we) lost saw the deceased all ond hour and from the causes stated of 23A. SIGNATURE 23C. PHYSICIAN'S NAME IType) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL CREMATION, 24B. DATE	white At Not Who work on At Work ended the deceased from the work of the work	office bidg., INJURY OCCUR? 21 F. HOW DID INJUR 21 F. HOW DID INJUR 21 F. HOW DID INJUR 19	y OCCUR? 5 to lep in (my) (aur) apin iffs.	City, give exact location) City, give exact location) 1965 ion death occurred on the color of
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Doy) (Year) (Hoof) (Approx.) 22. I certify that (I) (this hospital) att that (I) (we) lost saw the deceased all ond hour and from the causes stated of 23A. SIGNATURE 23C. PHYSICIAN'S NAME IType) 23C. PHYSICIAN'S NAME IType) 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 25B. DATE REC'D BY HEALTH DEPT. 25B.	white At Not Who work on At Work ended the deceased from the work of the work	office bidg., INJURY OCCUR? 21 F. HOW DID INJUR 21 F. HOW DID INJUR 21 F. HOW DID INJUR 19	y OCCUR? 5 to lep in (my) (aur) apin iffs.	City, give exact locotion) City, give exact locotion) 19 6 ion death occurred on the 238. DATE SIGNED 9/5/65 Amaglana 1, town, or county) (Sto

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

153 9-14-65 H.H

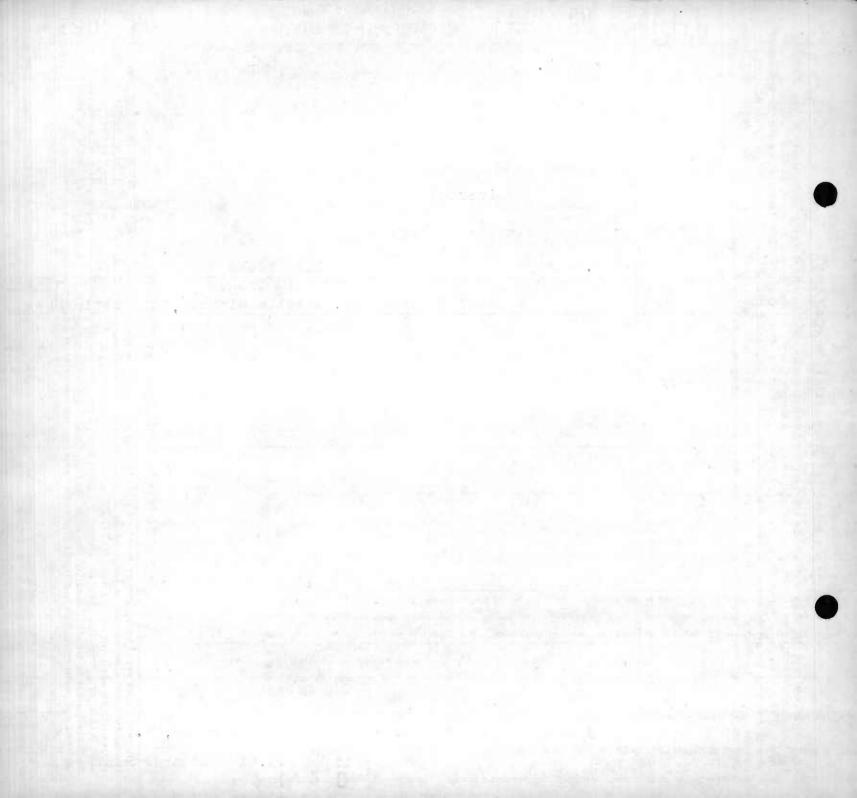
MATERICA DRIVEN ENGO, the

311 1123

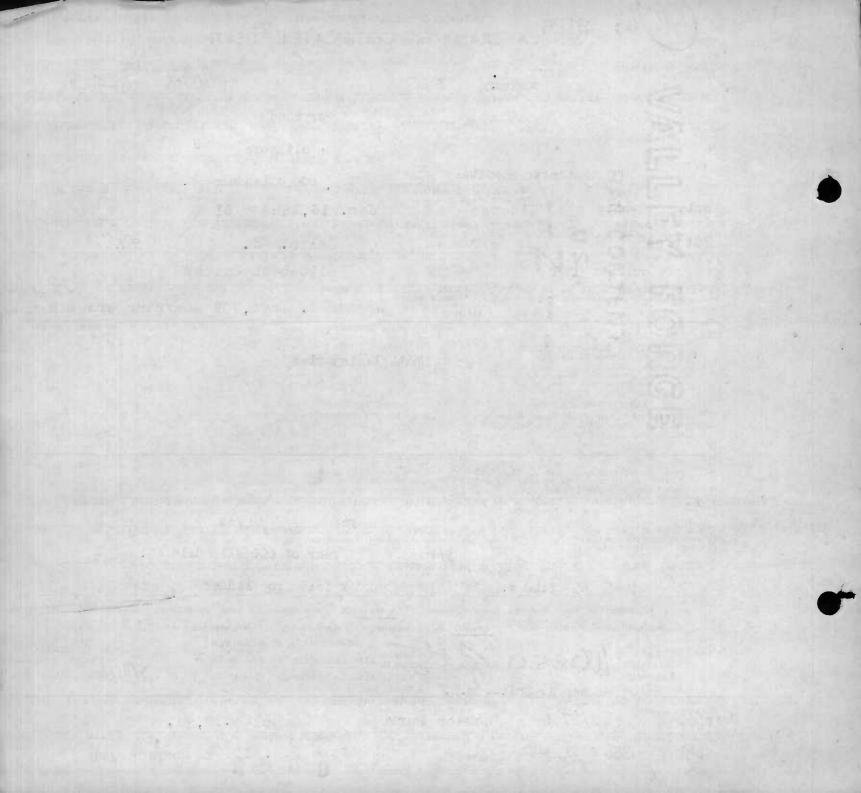
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🗟

FUNERAL DIRECTOR: IMPORTANT

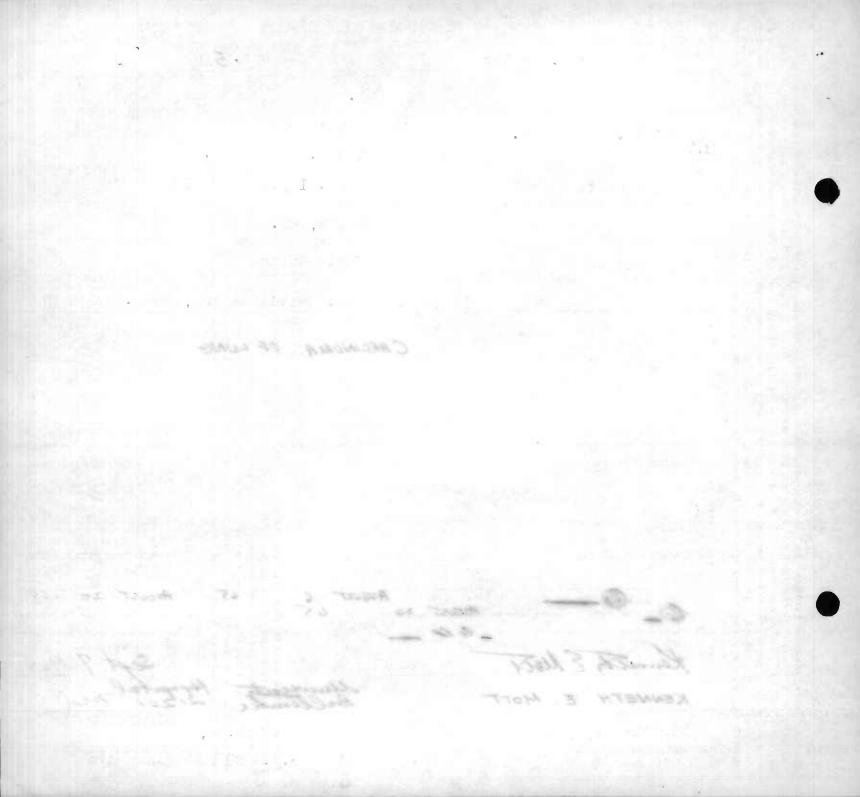
65 9125 BALTIMORE CITY	HEALTH DEPARTMENT
CERTIFICA	TE OF DEATH Registered No. 65 9125
M.E. CASE NO./ 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	2
JAMESB. GUZEY 3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
TRACE OF DEATH IN BALTIMORE MARIEAND	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Mague 28-74
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	
	D. STREET ADDRESS (If rural, give location)
MERCY HOSPITAL	
) I TEREY HOSPITAL	706 NOTTINGHAH ICO
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF STRTH 9. AGE (In years If Under 1 Yr. , If Under 24 H
WIDOWED, DIVORCED (specify)	Months Doys Hours Min.
// W Divorced	12/29/12 52
OA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Draftsman Black & Decker	BALTIMORE U.S.A.
3. FATHER'S NAME	
	14. MOTHER'S MAIDEN NAME
James F. Gurry	Estelle Steele
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	(MOTHER)
217 07 0451	Mrs. Estelle Blocher, 706 Nottingham
118. CAUSE O	F DEATH INTERVAL BETWEEN
1041	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1-20
(A) OF	WERALIZED ABD. CIRCINSPUTOSIS @LE.
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. 11 means the disease,	7 m
ANTECEDENT CAUSES (B) PR	MARY CA OF RECTURY CLEAST THO
DOE ID	
DISEASES OR CONDITIONS, if ony, giving	
rise In the obave cause (A) sloting the (C)	***************************************
Z DILLER COMPLEANT COMPLETENCE CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
4 65 WAS PERFORMED ABD PAIN- LUT LOSS	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	ffice bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While As - Net While	
(APPROX.) Work At Work	
22. I certify that (1) (this haspital) attended the deceased from	8/19 1965 to 9/5 1965
that (1) (we) ast sow the deceased alive an	19 65 and that in (my) (our) pinion death occurred on the d
and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter death.
23A. SIGNATURE	23 B, DATE SIGNED
All Julia M.D. Att	ending Med. Stoff 9/5/65
23C.PHYSICIAN'S	23D. ADDRESS
NAME (Type)	1. 1/ 0
DAVID V. VILLIS M.D.	MERCY HOUR- BOLTO.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
burial 9/8/65 New Cathedral	Baltimore 29, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Witzke F.D.4101 Edmondson Ave
SEP 7 1965 R. O. B. E. Farley M. C.	WITZKE F.D.4101 Edmondson Ave
/S 150-REV. 1/1/65	



VS 151-REV. 1/1/65

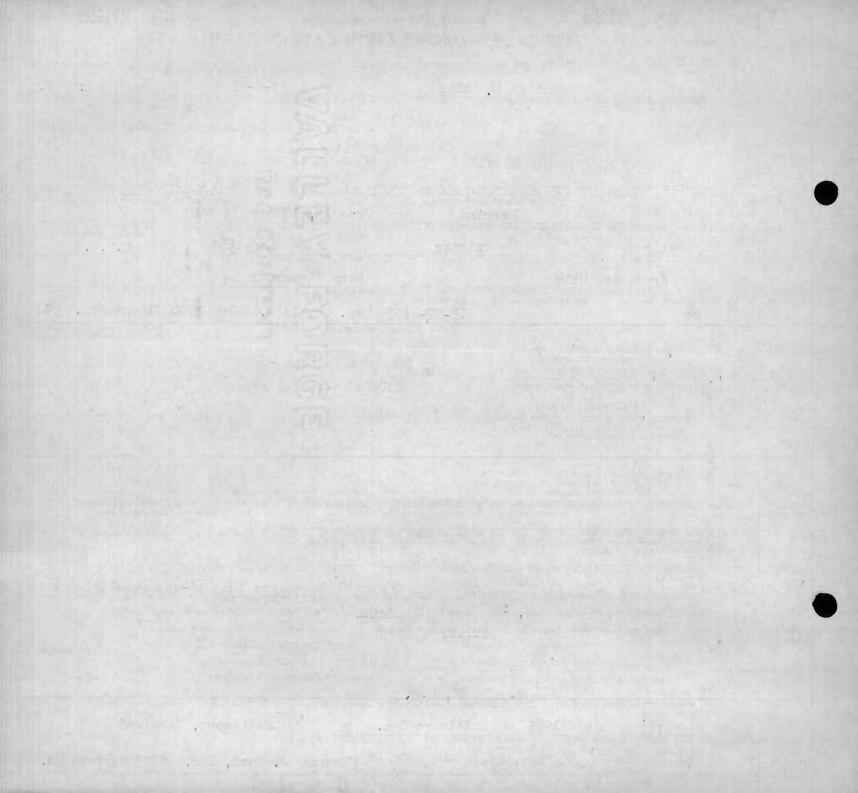


VS 150-REV. 1/1/65

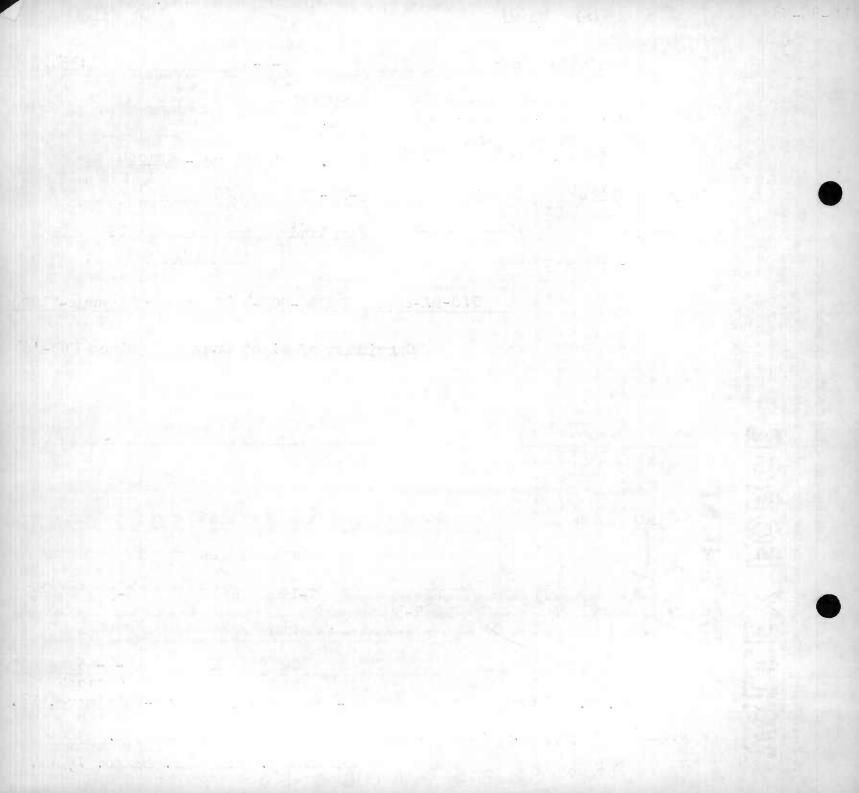


MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered Na
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BIRTH NO. MEDI	CAL EX	AMINER'S CE	RTIFICATE	OF DE	ATH Register	ed Na.	-
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)			2, 1	DATE AND	HOUR PRONOUNCE		
PHI	LIP W.	NILY	C. C. Charles	9-5-6	5	1:0	5 P.M.
3. PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE A. STATE Maryland	CE (Where dec	ceased lived. If instit	ution: residence before NTY	admis sian)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN		orporate limits, write	RURAL ond give town	nship)
UNION MEMORIAL	HOSPITA	L	Baltimore D. STREET ADDRESS			/ 50	
			1140 Elba	ank Ave			
5. SEX 6. RACE White		DIVORCED (specify)	June 25, 1	886	9. AGE (In years last birthdoy)	If Under 1 Yr. If Un Manths Days Hou	
10A. USUAL OCCUPATION (Give kind of work					country)	12. CITIZEN OF	
done during most of working life, even if retired)	P	ainter		Mary	and	U.S.A.	(?
Retired	1	arnter	14. MOTHER'S MAID		Land	U.S.A.	
			Mary Zimm				
Frederick Nily 15. WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	elman		ADDRESS	
(Yes, no arunknawn) (If yes, give war or dole		SECURITY NO. 215-09-1195	Mrs. Sophi	a M. Ni	lly 1140 E	lbank Ave.	#12
18.			OF DEATH			INTERVAL	BETWEEN
E 8/617						ONSET AN	ID DEATH
DISEASE OR CONDITION DI	RECTLY	Franci	ture of non	le - vef +	h laconati	on	
(This does not meon the mode of heart failure, asthenia, etc. It means	dying, e.g.,	BURNEX	ture of nec	V - MTr	II Tacerary	.044	
injury or complication which coused	deoth.)	of le	eft vertebr	al arte	ry		
ANTECENDENT CAUSE	ç						
DISEASES OR CONDITIONS, IF A	NY, GIVING	(B)		•••••	******************************		
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	TATING THE	501.10				230	
		(C)			***-*******		
2							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING TIPA. DATE OF OPERATION 198. CON WAS PER	LATED TO TI						
19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY? (Y	es of No) 201	B. IF YES. WERE FIN	DINGS CONSIDERED	
WAS PER					CERTIFYING CAUSE	ES OF DEATH?	
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. 1	PLACE OF INJURY (e.g., i	n or about 21C, WHE	RE DID (If i	n Boltimore City, giv		
UNDERLYING OR CONTRIB-	home,	, form, foctory, street, o	ffice bldg., INJURY O	CCUR?		1	-1
핗		Street	Alam	eda and	Crestlyn occur?	Road /	91
21D TIME (Month) (Day) (Year	1 (Hour) 2	IE. INJURY OCCURRED		DID INJURY	OCCUR?		
(APPROX.) 9 5 65	PM m. W	VHILE AT NOT V	WHILE X Pass	enger i	n auto-aut	o collision	- Car
22. certify that I held an	nguiry	Inspection Auto	17	king tr	basis, death In m	y opinian	
resulted fram: Notural car	uses A	coldent XX Suicide		☐ Und	determined manne	e 🗌	
	/	1	CHIEF MED	ICAL EXAM	MINER X		
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 9-6-65							
23A, BURIAL CREMATION, REMOVAL (Specify)		C. NAME of CEMETERY of	CREMATORY	23 D. LOC		town, or county)	(State)
Burial 9/8/196	65 E	Baltimore Cem.		Balt	imore, Mary	yland	
24A. DATE REC'D BY HEALTH DEPT.	24B NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR		ADDRESS	
SEP 7 1965 Robert	E. Fan	logica	Leonard	J. Ruc	k, Inc. 5	305 Harford	Rd.
VS 151-REV. 1/1/65 N & 6	. 2)		8 8 6	0 0		B. G. I. D.	V



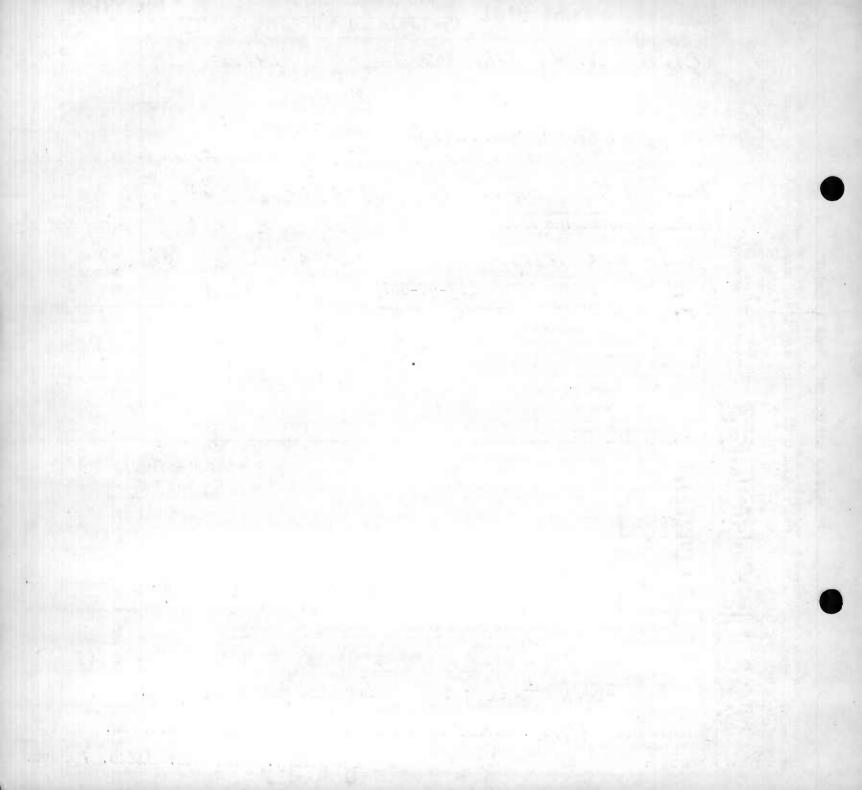
2021 Paymen : Author Bue hier TEANE WARMER

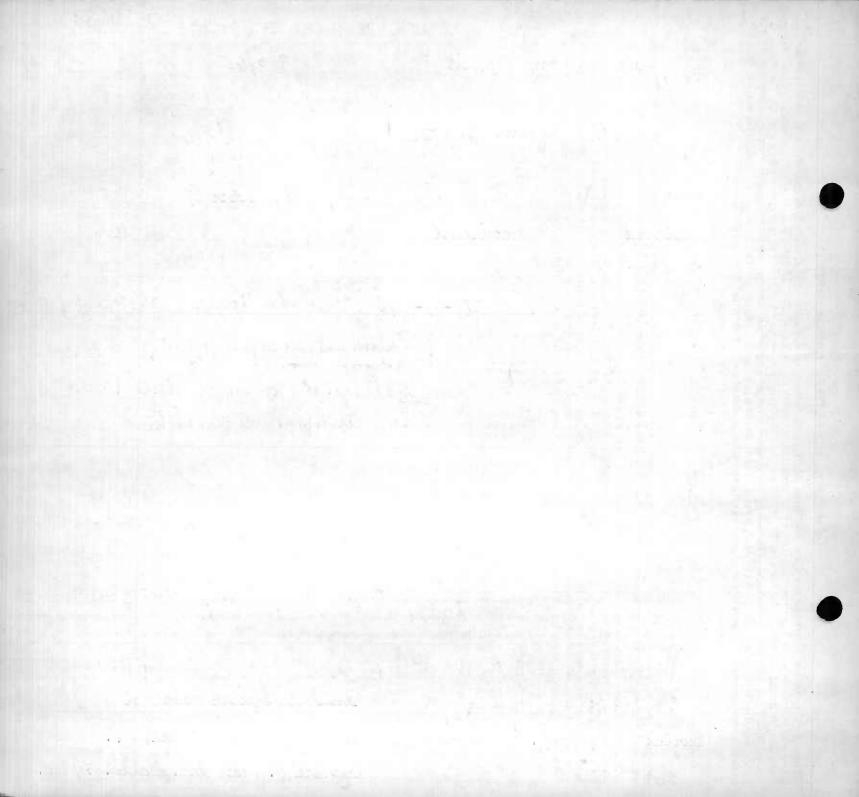


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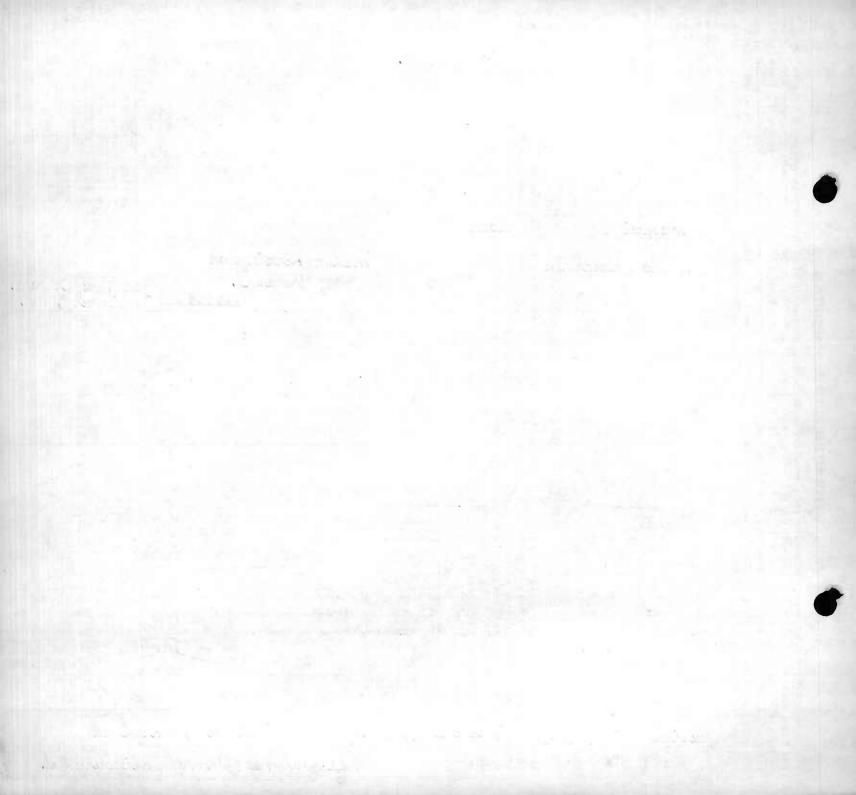
DIRECTOR:

FUNERAL





65 0400	BALTIMORE CIT	Y HEALTH DEPARTMENT	X	65 9133
BIRTH NO. 65 9133	CERTIFICA	TE OF DEATH	Registered No.	00 0100
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Property Print)	teicia M.		AND HOUR OF DEATH	P.M. 0.20 2
3. PLACE OF DEATH IN BALTIMORE MARYLANI			-65 8:26 P	nstitution/residence before admission
FULL NAME OF Ilf not in hospital or instit		A. STATE B. CO.	UN TY	Balt
HOSPITAL OR oddress or location) INSTITUTION	4.1	12 /	· A.	RURAL and give township)
Sinai Hosp	nal		more,174	53-01
42 Baltino	ece, Md.	2003	(If rural, give location) Smith A	rue.
SEX = 6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	12-17-43	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B, KI one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Home	/	V. J.	USA
3. FATHERS NAME	Control of the Contro	14. MOTHER'S MAIDEN N	IAME	
Angelo Cammarota		Thelma Tenn	ington	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT Jame	s Ja	. TOO ADDRESS A. A.
(es, no or unknawn) (If yes, give war ar dates of se		KVARK	REFERENCE	Salisbury, Md.
18. 600. O I	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Gremia		
(This does not mean the made of dying,	(A)	/	**************************************	
heart failure, asthenia, etc. It means the di			1 1.4	
ANTECEDENT CAUSES	(в)С	Phronic pye	lonephulis	
DISEASES OR CONDITIONS, if any,	DUE 10	1 61		
rise to the above cause (A) stoling				
UNDERLYING CONDITION last.				
OF THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar	Na) 20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORME		- Yes	IN CERTIFYING CA	USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicot exominet)	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or about 21C. WHERE DID		e City, give exact location)
D 21D-TIME (Month) [Day) (Year) [Haus		21 F. HOW DID II	NIIIRY OCCUP?	
S OF INJURY	While At Nat Whi		TOCOK:	
IAPPROX.)	Wark At Work			
22. I certify that (1) (this hospital) atter	nded the deceased fram	8-21	19 65 to 9	19 65
that (I) (ast sow the deceased aliv	e an 7-/-	19.65 ond	that in (my) (a) api	nion death accurred an the da
and hour and fram the couses stated abo	ove. (I) (100 (did) (dilam)	view the bady ofter deat	h.	
23A. SIGNATURE			م	23B. DATE SIGNED
L& Huseling	M.D. Al	rending Med. Director	Stoff Phys.	9-1-65
23C. PHYSICIAN'S NAME (Type) Legan and T He	atzbena M.D.	Sing:	4650, tal	Bottimore, M
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D.	LOCATION (C	ily, lawn, ar cauntyl (State)
REMOVAL (Specily)	Parsons (eme			
SURVAL 9/4/05		25C FUNERAL DISEST	alisbury, N	ADDRESS
SEP 7 1965 Pole &	AME OF REGISTRAR	HOLLOWAY A	VQ COMPANY	Salisbury Md.
'S 150-REV. 1/1/65	7 - 2 - 3	0 0 1	· ·	-



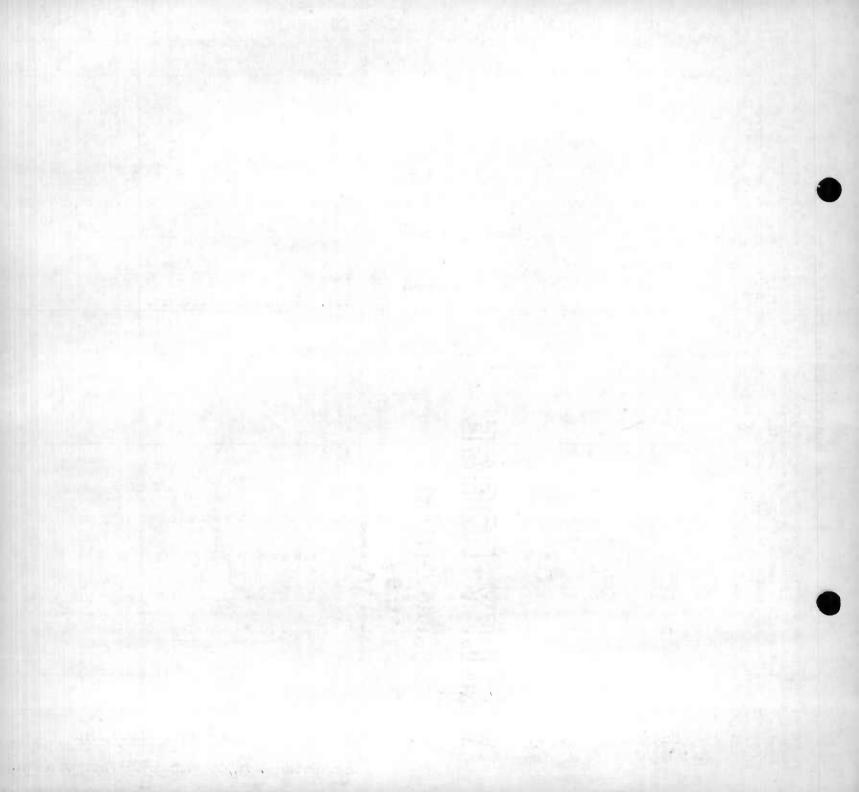
HARYLAND BENERAL HE

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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

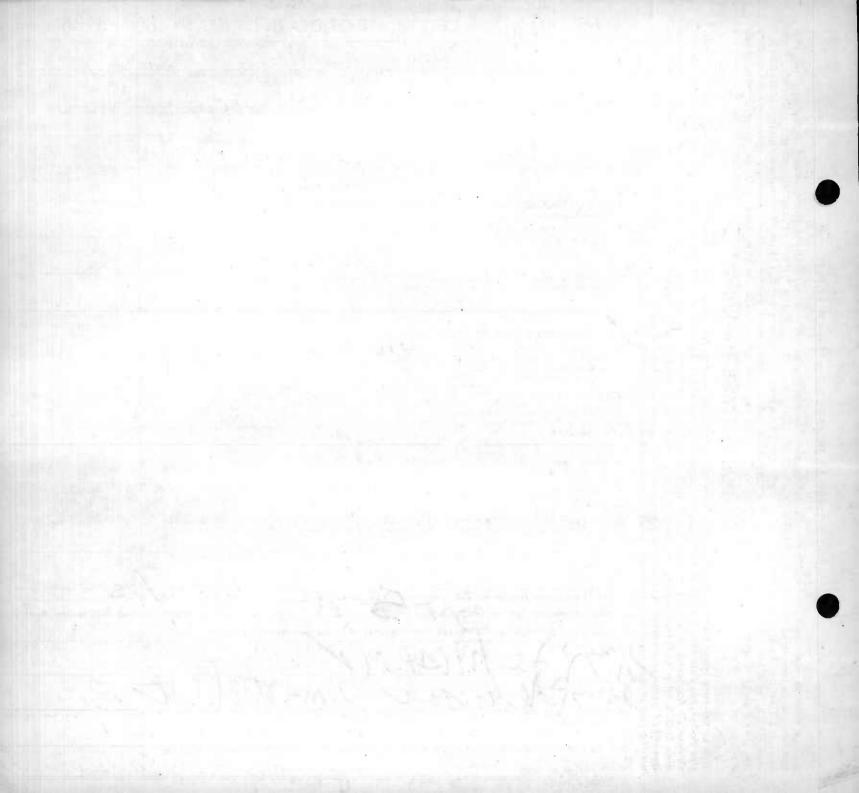
BALTIMORE CITY HEALTH DEPARTMENT



C-160

M.E. CASE NO.	MED	ICAL EX	AMINER 5 CI	EKTIFICAT	E OF DEATH	egistered No			
1. NAME OF DEC	CEASED				2, DATE AND HOUR PRON	OUNCED DEAD			
(Type or Print)	ALBEF	RT +.	COOPER		September 3,		1:30 P		
CERT HOSPITAL OR	IMORE MARYLAND, W	AL OR THE	ENDED	PI	ENCE (Where deceased lived. aryland VN (If outside corporate limit				
NOITUTION			10-13-65	В	altimore	19-	02		
S Fra	nklin Square	ноѕріса		D. STREET ADDRESS (If rurol, give locotion) 22 N. Mount Street					
5. SEX Male	Negro		NEVER MARRIED DIVORCED(specify)	3 /31/19	9. AGE (In lost birthdoy		or 1 Yr. If Under 24 H Doys Hours Min		
done during most of v	working life, even if retired)		BUSINESS OR INDUSTRY	BOLT		12. CITIZ	TEN OF AT COUNTRY?		
13. FATHER'S NAM	ny Coop		<i>}</i> =	Mary	AIDEN NAME	0.5	p. of		
(Yes, no or unknown)	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	EFN COOPER	ADDRES	Production of the last		
455	u will		CALLER	OF DEATH	en Copper	2221	INTERVAL BETWEEN		
DISEASES RISE TO TH UNDERLYIN	not meon the mode of osthenio, etc. It meons application which caused on the course of	CONTRIBUTING	(B) DUE TO (C)						
19A, DATE OF	OPERATION 19B. CON WAS PER	IDITION FOR V		Yes		CAUSES OF D	Yes		
UNDERLYING UTING CAU		home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, of Unknown H	ome -	HERE DID (If in Boltimore COCCUR? JINKNOWN 22 N. M OW DID INJURY OCCUR?				
OF INJURY	8 27 '65	, v			Probable fall.	Fall d	own steps		
	URE LER'S	oules]	Suicide M. D.	CHIEF ME	thot on this bosis, deet de		DATE SIGNED 9/3/65		
NAME (*23A, BURIAL CREATE CONTROL (Specify	MATION, 23B. DATE 9/8/6	25	Barts	nahon	23D. LOCATION Balta	(City, town, for			
SEP 7	1965 Pole	\$ E. F	of registrar	24C. FUNERA	and Alongs		Gromon		
VS 151-REV. 1/1/	65 N 8 3 E	129	6 6 0 0	0 8 6	5 3				

BALTIMORE CITY HEALTH DEPARTMENT



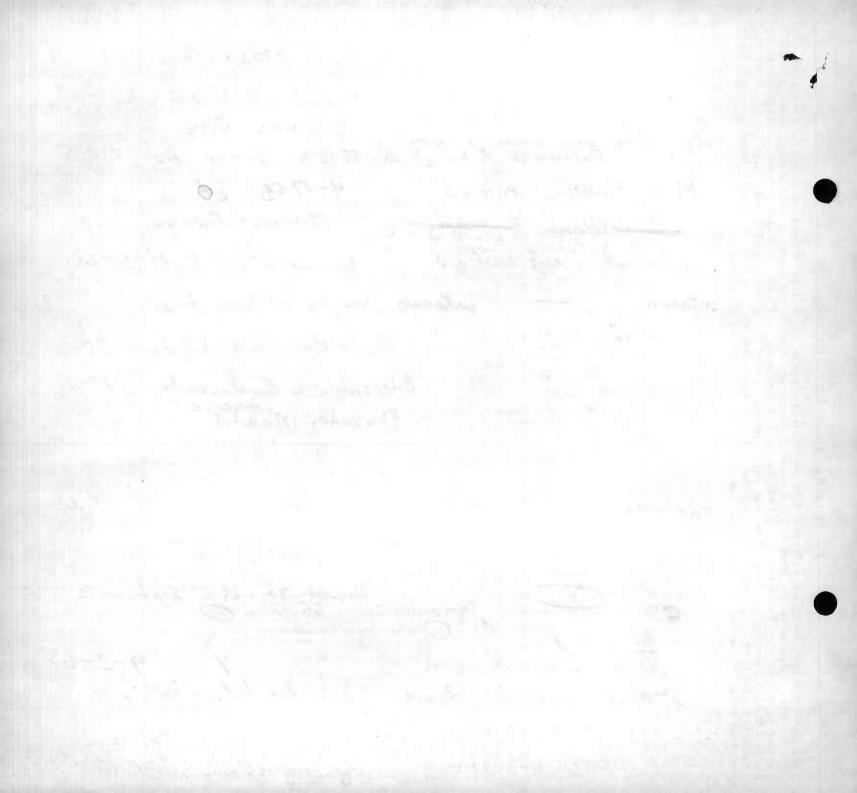
BIRTH NO.	MEDI	CALEX	AMINER 5 CI	EKIIFICA	IE OF I	JEA IH Registe	ered No		
M.E. CASE NO.									
1. NAME OF DEC	BOLESLA	W	GRONWALD		Sept	ember 1, 19	65	6:20	
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If ins	titution: resi	dence before	odmissio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION CIVE STREET	Ma	ryland				
HOSPITAL OR	ADDRESS OR LOCA	TION)	HON, GIVE SIKEEI	C. CITY OR TO	WN (If outsid	e corporate limits, writ	e RURAL o	nd give tow	nship)
				Ва	1timore		5	-01	
L St.	Joseph's Hosp	ital		D. STREET ADD					
				11		ield Avenue			
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In years last birthdoy)	If Unde Manths	Days Ho	
Male	White	Marri		9/8/189		70			
	JPATION (Give kind of work working lile, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZ	EN OF	Y?
don't during most or	voiking me, even is remed,	B & 0	RR	Poland			U.S		
13. FATHER'S NAM	NE .			14. MOTHER'S M		E			
	?				?				
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	S	
Yes	WW I	0 01 30111007		Katarzy	na Gro	nwald 284	2 May	field	Av
18. /	3 - 0		CAUSE	OF DEATH				INTERVAL	
40	(0,01							ONSET AN	D DEATH
DISEA	SE OR CONDITION DI			1		1.			
/This days	LEADING TO DEATH		(A) Arteri	oscleroti	c heart	disease			
he ort foilure,	nat mean the mode of asthenia, etc. It means	the diseose,	DUE TO						
injury or cor	mplication which caused (ge atn.)							
A	NTECENDENT CAUSE	S	/ D1						
	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST		DUE TO					• 4 4 6 6 7 6 6 7 6 6 6 6 6 6 6 6 6 6 6 6	
UNDERLYIN	NG CONDITION LAST.	A 1110 1112						11001	
NO			(C)	_			***********		uuuu0000u0000n
A CTUEN SIGN		CONTRIBUTIO	16				1		
O THE	NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO T							
DISEASE O	R CONDITION CAUSING		William Observation	LOGA AUTOROX	(a (V))	loop to yee turne of	INIDINIOS S	ON CID CALL	
O O	OPERATION 198, CON WAS PERI		WHICH OPERATION	no	(fes of No	IN CERTIFYING CAU			
O UTING CAU	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, c	in or obout 21C. \ office bldg., INJUR	WHERE DID Y OCCUR?	(If in Boltimore City, g	ive exact la	acation)	
21D TIME OF INJURY	(Manth) (Doy) (Year	Haur) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?			
(APPROX.)		m. V	VHILE AT NOT	ORK					
22,	tify that I held an I	nquiry 🗌	Inspection X Aut	opsy an	d that on thi	is basis, deoth in	my apinio	n	
rasul	ted fram: Natural car	ises X	ccident/ Suicid	e Hamic	lde 🗌 🐧	Indetermined mann	er 🗌		
	01		//	CHIEF M	EDICAL EX	AMINER _			
ACTUA			1-1-	ASSISTANT M	EDICAL EX	AMINER		DATES	IGNED
SIGNAT		ule 1	M.D.	ASSOCIATE N				9,2/6	5
EXAMIN NAME ((11, 1	S. Pet	ty, M.D.	ASSOCIATEN	AEDICAL E	KAMINEK		/-/	
23A. BURIAL CRE REMOVAL (Specify	()		C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City	y, tawn, or	caunty)	(State)
Burial	9/6/6 BY HEALTH DEPT.	5 H	oly Rosary	Cemeter	y Ba	ltimore C	o. Mc		
24A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	John	M WAT	er & Sons	Inc	ADDRESS	
SEP 7	1965 R. Dee	£.34	Indee M. 11	COLLI	401 5	Chester	St		
VS 151-REV. 1/1/		1 7	-	0 6	1 3	7			

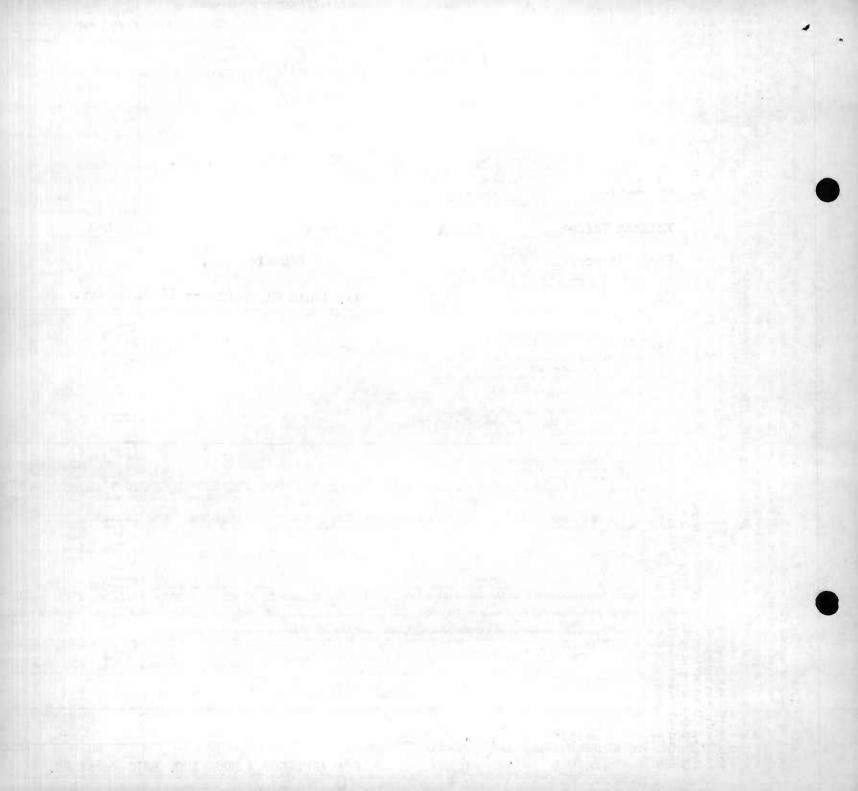
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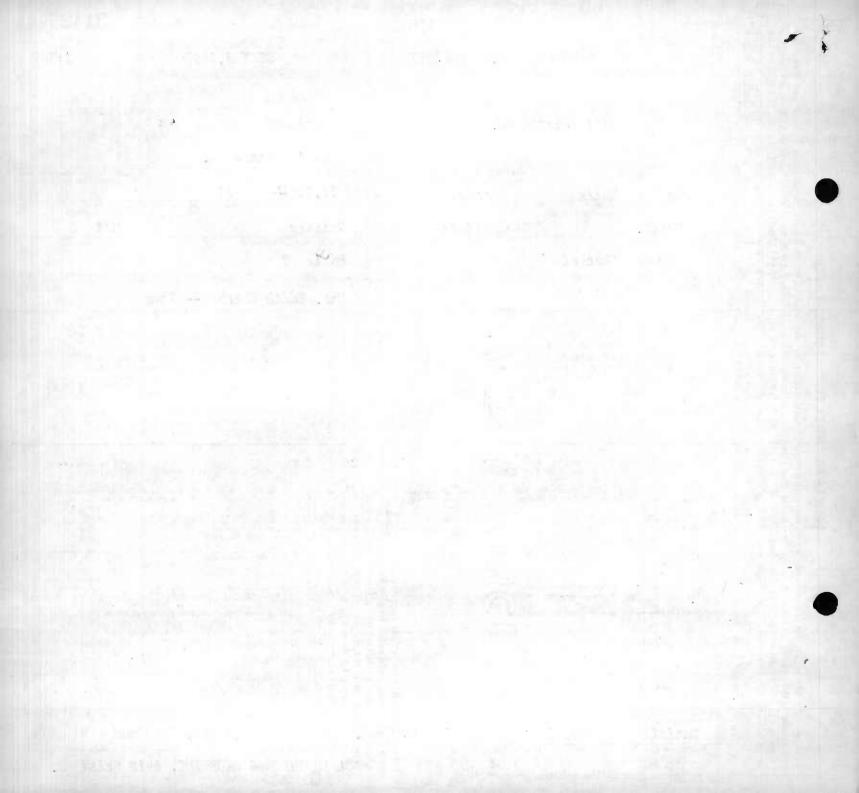
IMPORTANT

DIRECTOR:

FUNERAL

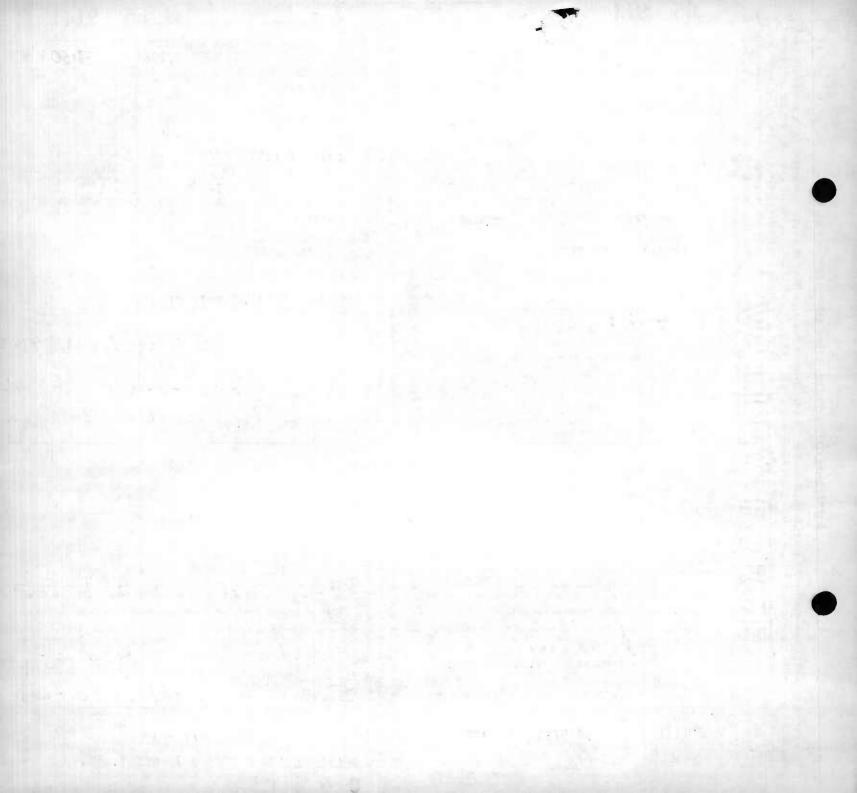




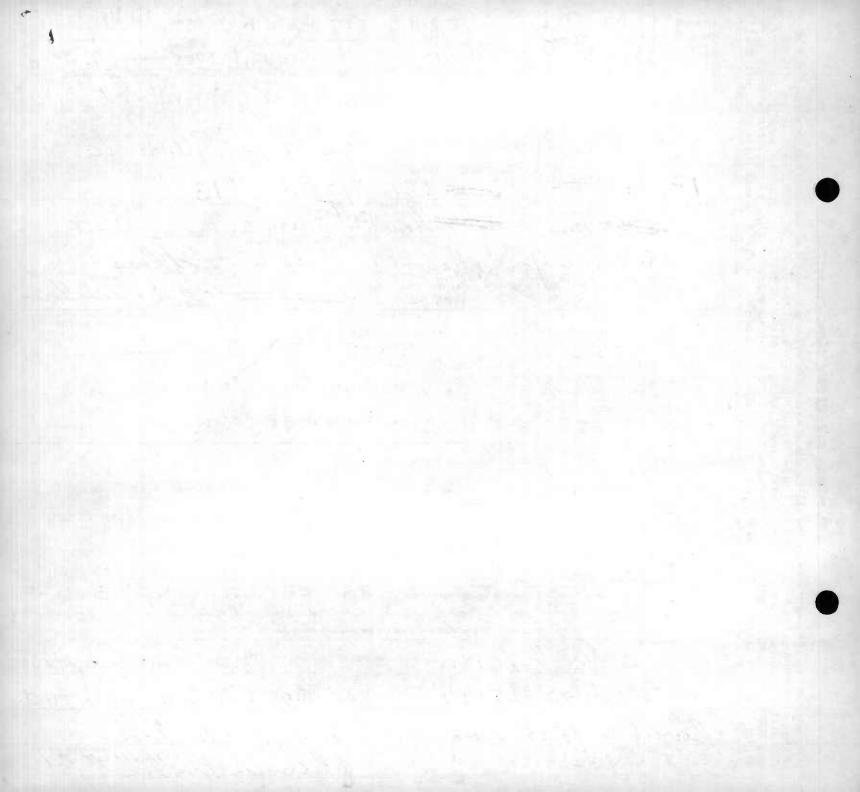


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C 1 4 pm	BALTIMORE CIT	Y HEALTH DEPARTMENT	CE	0445	
вити но. 65 9145	CERTIFICA	TE OF DEATH	Registered Na.	9145	
M.E. CASE NO.		2, DATE AND	HOUR OF DEATH		
Type or Print) DIANE YANKE	llow	3 Se	1	19:	36 1
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence of	efore, admiss
		A. STATE B. COUNT	100	1 1990	to.
FULL NAME OF (If not in haspital or institution, address or lacation)	give street	C. CITY OR TOWN (If outs	, mary	and	5150
INSTITUTION		Bal L	ide city limits, write R	UKAL ond give tow	nship)
Sinai Hospital		D. STREET ADDRESS (If ro	ral, give lacotion)	1 0 0	-0
175		7409 KI	4thydA	12 Rd	
S. SEX 6. RACE 1. 1. 10 7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH 19	. AGE (In years		f Under 24
	D. DIVOREED (specify)		ast birthday	If Under 1 Yr. Manths Days H	ours Mi
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTR	Y 11, BIRTHYLACE (State or foreig	13	In Cirian Or	
sone during most of working life, even if retired)	BOSINESS OK II DOSIK	Ballis	n cauntry)	12. CITIZEN OF	IXRY?
Got home	hone	Mary 10	and	USF	+
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	10	
Jerome Us L	. 00	BODDIE	Al	lens	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (Ilf yes, give war ar deles of service)	16. SOCIAL	17. INFORMANT	- Ser	ADDRESS	5 . 4
Yes, na ar unknawn) (If yes, give war ar de)es af service)	SECURITY NO.	ald do	Jezon	eller	Man
, 0	none		4 Sam	effect	
18. 5 93 X I	CAUSE	OF DEATH			BETWEEN ND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	- md b.	1 1 -1	11	
(This does not mean the mode of dying, e.g.,	(A) LS Q	mia i Metabal	ic abnorm	wily	
hearl failure, asthenio, etc. It means the disease,	500 10		6		
injury or complication which coused death.)	on Ch	vanic Kenal	tailure		
ANTECEDENT CAUSES	DUE TO				
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	10) (4)	iknown Etro	Paris !	D . D .	
UNDERLYING CONDITION lost.	(0)	ACCOCON CPCO	094		
11			9	-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				- IV 199	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	E	none			
	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDE	RED
198. CONDITION FOR WAS PERFORMED		Y 25	IN CERTIFIING CAC	SES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING [218,	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Baltimore	City, give exact lo	cation)
DEATH (notify medical examiner) etc.		amed blogs, into ki occok.			
O 21D. TIME (Manth) (Day) (Year) (Haur) 21E.	INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
₹ (A DDD OV)	ile At Not Whi	ile 🖳			
vv o				1 3	
22. I certify that (1) (this haspital) attended the		Sept. 2 19	65 10 5	$e\rho t \cdot 3$	19 4
that (1) (we) lost saw the deceased alive an	Sept. 3	19 65 and the	t ir((my) our) apin	ion death accurr	ed on the
and haur and fram the causes stated abave.) (We) (did) (did nat)	view the bady after death.			
23A. SIGNATURE				238 DATE SIGNED	
Donterd 16		lending Med. ys. Director	Phys.	3 Sopt.	196
23C.PHYSICIAN'S		23D. ADDRESS	11y 5. (BE)	0-41,	111
NAME (Type) ANGOD / E	IN M.D.	07	Do #	7 1	1/4
SHNTOKU LE	- 1 14	z-11 lingelos		PHIT) VIC
24A. BURIAL CREMATION, 24B. DATE 24C.N.	AME of CEMETERY OF CE	REMATORY 24D. LO	CATION (Cit	y, town, or county)	(Stat
Burel 9/5/65 /	mai class	el Cond B	elto 1	nol .	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	160	10 R, ADDI	155 D1
SEP 7 1965 Of But E. Stand	bey Mill	Sol Berry	- Bun	Just Just	10
/S 150-REV, 1/1/65	5 (1)	- Lauren	- Just		



BIRTH N. 6.5	9146 MEDI	ICAL EX	BALTIMORE CITY HEAD	TH DEPARTMENT	E OF [DEATH Regist	efed Na.	146
M.E. CASE NO.								
(Type or Print)	WILEY		HARRELL			ember 2, 19		3:30 P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDE	-	deceosed lived. If in:		ce before odmissio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Mar	yland			
HOSPITAL OR	ADDRESS OR LOCA	(TION)				e corporate limits, wri	te FURAL ond	give township)
2 2-1-				D. STREET ADDRI	timore	give location)		07
Balt	imore City Ho	spitals		1		gton Avenue		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1	Yr. If Under 24 Hi
Male	Negro	Wido	wed	11/14	/88	76	7410111115	73
done during most of	CUPATION (Give kind of work working life, even if retired)	TOB. KIND O	BUSINESS OR INDUSTRY	-			12. CITIZEN WHAT	OF COUNTRY?
13, FATHER'S NA				South	Caroli		U	5 A
	IARRELL			SALLY				
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS	
(Tes, no or unknow	n) (If yes, give wor or date	s of service)	224-38-0565	MR JAMES	HARREL	L		
1B.	CA 2 V		1004 70 0707	OF DEATH			IN	ITERVAL BETWEEN
DISEASES RISE TO THE UNDERLYI OTHER SIG	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REL DR CONDITION CAUSING	NY, GIVING TATING THE	(C)	ture Right	Femur	and Tibia.		
	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20 B. IF YES, WERE P		
02	WAS PERI				es	IN CERTIFYING CAL		Yes
UNDERLYING	AL CAUSE WAS MOR CONTRIB-	21 8. home	PLACE OF INJURY (e.g., , form, foctory, street, o	office bldg., INJURY	OCCUR?			~ /
7	USE OF DEATH.		RR Bridge			idge, Feder	al Stre	et 26-1
OF INJURY (APPROX.)	(Month) (Doy) (Yeor		THE AT NOT		W DID INJU	n struck by	train	
22	7 2 '65	A m.	VORK AT W	ORK X FEG	estria	il Struck by	LI alli.	
I ce	rtify that I held an I olted fram: Natural ca		Inspection Aut			s basis, death in Indetermined mann		
ACTUA	Ω					AMINER		DATE SIGNED
SIGNAT	TURE Chi	rely)	city M.D.	ASSISTANT ME				9/3/65
EXAMI NAME	· · · · · · · · · · · · · · · · · · ·	S. Pet	ty, M.D.	ASSOCIATE ME	DICAL EX	(AMINER		
23A. BURIAL CR	EMATION. 238. DATE		C. NAME OF CEMETERY	CREMATORY	23D. L	OCATION (City	y, town, or cour	nty) (Stote)
BURIAL	9/6/6	5	Richmond		1	Virginia		`
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	L DIRECTOR	1stead 1206		n Ave
VS 151-REV. 1/1	165 N821	101	6501	0 8 6	0 2			

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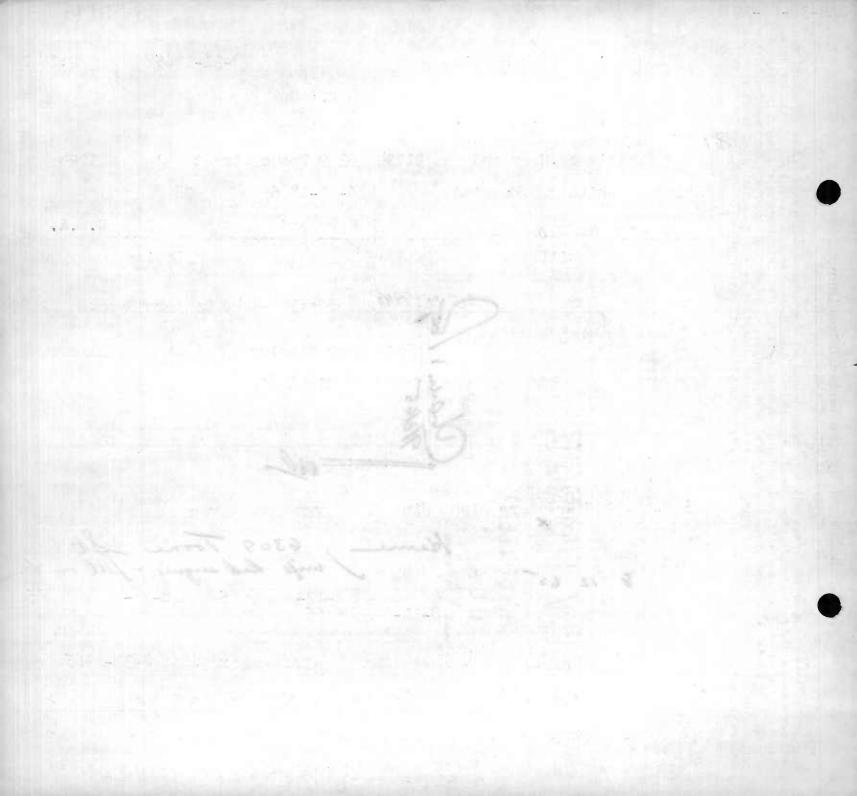
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SAB-38-80-	319		00 014			HEALTH DEPARTM		65 9148	
1 1-10-00		IRTH NO.		CE	RTIFICA	TE OF DEA	TH Registered No		
11-80 = 55	2	NAME OF DEC	EASED			2. D	ATE AND HOUR OF DEAT	Н	
- T 0 E		Type or Print)	Fra	nk Harris			8-31-19	55 2:1	.5 Pm.
++0	ath.	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE		institution: residence before a	dmission)
hospi ise o (5) Do ance	oe	FULL NAME O	F (If not in hospital	or institution, give street		Maryland		26-31	4
4 - 1 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	0	HOSPITAL OR	address or location	1)		C. CITY OR TOWN	(If outside city limits, write	RURAL and give tawnship)	
CCC	- +	, I	Baltimore C	ity Hospita	als	Baltimor			
	e.		+940 Easter			D. STREET ADDRESS			
ar de de	77		Baltimore, M		21224		one Street	21224	
ntrib rmin egul		S SEX	6. RACE	7. MARRIED, NEVER M	ED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Manths Days Haurs	r 24 Hrs. Min.
eg ent	a	Male	White	Married	On this Hatey	6-22-188	36 78		
4 0 4 5 L			working life, even if retired)	IOR KIND OF BUSINESS	OK INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
o o o	D :=	014	1 1 12 11 20	SEAMOI	V.	Maryland		U.S.A.	
P+0 8	the	3. FATHER'S NAN		1 1 10 1 1 1 1 1 1 1	2 20	14. MOTHER'S MAID			11
c. = +.=~	63		MITT	IAM HARA	7/5)بل	ouise UNI	7.
TAN TAN istant he di kind;	- 1	5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Fare	s of service) 1 6. SOCIA	RID NO.	17. INFORMANT		ADDRESS	
Sist that the sist of the sist	fina	NO		227 V	- 11 10 / 1/ / / / /	Records · B(CH-4940 East	ann Amoniia	21224
I Examined IMPORTAN r his assistan Also, if the d s of any kind;	or f	18.	2.3.0	(5/1	AUSE O	F DEATH	JII-TYTO Basu	INTERVAL BETW	EEN
EXE MPC his of an of an	50		E OR CONDITION DIR	RECTLY	意意			ONSET AND DE	AIH
A Als	E E		LEADING TO DEATH		Pulm	onary Emb	olus	3 hours	3
0		heort foilure,	osthenio, etc. Il meons	the disease,	THE TO				
di n n n n	gular		plication which caused	deolh.)	Fract	ure Right	Hip		
Medi CTOR: aminer Afract	0 0		ANTECEDENT CAUSES		1 10000	***************************************			
the Medi DIRECTOR cal examine al examine s; (3) A fract	ar		OR CONDITIONS, if abave couse (A)		38%				
Cal cal	ns	UNDERLYING	CONDITION last.	#	The last	00 TO 0 TT 0 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************		nonoenononoo.
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FUNER FUNER by a m 2) Body ce the p	- 9	U 19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OF	PERATION	20A. AUTOPSY? (Ye	es or No. 208, IF YES, WER	E FINDINGS CONSIDERED	
chie the	ysi e th	3 8-1	+-1965 Frac	ture Right	Hip	YES		AUSES OF DEATH?	
F. F. F. C. S. C.	0.0	OF CONTRIBU	THE CAUSE OF	21R PLACE O	F INTITION (e.g. in	a obout 21 C. WHERE fice bldg., INJURY OC	DID (If in Boltim	ore City, give exoct lacotion)	126
Relessitates	200		medical examiner)	etc.)	Lune		309 1000	o St	6
Red by spirit	(6)	OF INJURY	(Manth) (Doy) (Year)	(Hour) 21E, INJURY		ZIF. HOW	DID INJURY OCCUR?	1 /00	1.
h h d	d ii ((APPROX.)	8 12 65	While At Wark	Not While At Work	e de maga	Ked sugu	4 there on	hun
he he	and (6)	22. I certify	that (1) (this haspital) attended the deceas	ed fram	8-12-	19.65 to	8-31- 19	65
000	. 0	that (I) (we)	last saw the decease	d alive an	8-31-	19 65	and that in (my) (aur) a	plnian death accurred an	the date
eased tident of	death) must be	and have and	fram the causes stat	red abave. (I) (We) (di					
st l ase len len	de	23A. SIGNATU	RE	(23B. DATE SIGNED	
P. C. C. C.	2-		- home	is U. Oth	M.D. Atte	nding Med.	Stoff Phys. X	8-31-1965	
1 2 2 2		23C. PHYSICIA	N'S ypel			23D. ADDRESS			
And	prior		THOMAS	H OTTEI	(M.D.	4940 E	ASTERN A	UE	
# £ £ 6 0		AA. BURIAL CREA	MATION, 24B. DATE	24C. NAME at CE	METERY OF CRE			City, tawn, as county)	(Stote)
certificat sody was 7s: (1) An D.O.A. af	ase	BURIA	L SEPT3	CS PS TO P	AULI	CEM.	BOSTON	57	かり
This of the bashow was	deceased prior written approv	SASED NC'D	BY STEST HI PERTY OF	228 NAVADO NEGISTR	AR	25C. FUNERAL DI	RECTOR	ST ADDRESS 1800 E LOMBI	
F = 2 3.	₹ 0	SEP 7	1965 R.C.	& E. tarbeut	Will A	DIPPEL	BROS INC	800 E LOMBI	ARO ST
	, ,	'S 150-REV. 1/1/6	5 N = 9	09 0 5		0 8 0 0) (]		



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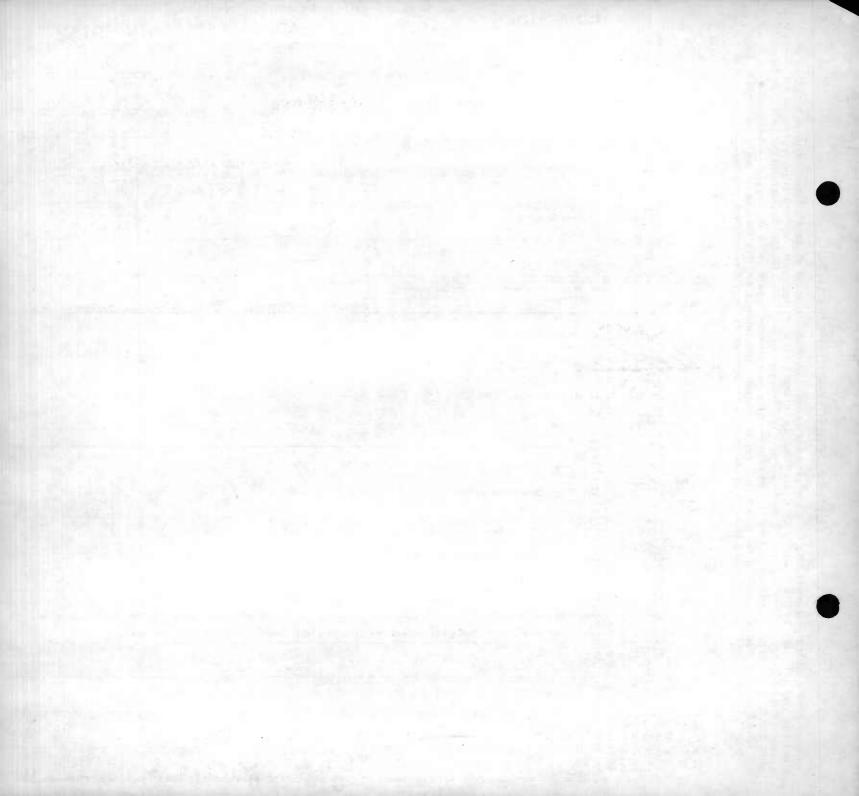
	65	9150		Y HEALTH DEPARTMEN		
M.	E. CASE NO.		CERTIFICA	TE OF DEATH	H Registered No	65 9150
	Pe or Print) CLADY TOP	IAC ED	ANCIC		AND HOUR OF DEAT	
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	ANCIS	14. USUAL RESIDENCE (Where deceased lived. If	institution; residence before odry
	ST. AGNES HOSPIT			A. STATE B. C.	OUNTY	15-04
	HOSPITAL OR oddress or locotion	1)			If outside city limits, write	e RURAL ond give township)
1	BALTIMORE,			BALTIMORE D. STREET ADDRESS	(If rurol, give location)	/
-	RTIFICATE A	MEN	DFD9-15-	4037 - 6T		
5.	SEX 6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under : Months: Doys : Hours :
	MALE WHITE	MARRI	DIVORCED (specify)	4-12-95	10st birthdoys	Monins Doys Hours
do.	A. USUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ROUNDSMAN	A-	t D.	PENNSYLVAN		YES
13.	FATHER'S NAME	- 1		14. MOTHER'S MAIDEN		
15	JOSEPH	3	14 500141	VANDORA CO	PENHAVER	
(Ye	Was Deceased Ever in U. S. Armed Fors, no or unknown) (If yes, give war or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	E00000 0	ADDRESS
	NO		0.4115-		ECORDS-BAL	TIMORE, MARYLA
	DISEASE OR CONDITION DIR	ECT! Y		OF DEATH		ONSET AND DEA
	LEADING TO DEATH		(A) P	Imanany Co	Train and a	Diagrased in
	(This daes not mean the made of heart failure, asthenia, etc. It means	the disease,				heagnased in dept
	injury or complication which caused	death.)#	(B)			/
	DISEASES OR CONDITIONS, if	any giving	DUE TO			
	rise to the above cause (A) UNDERLYING CONDITION tost.		(C)	*************************************		\$\dagger\$\dagg
	II					
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA	ONTRIBUTING				
CAT	DISEASE OR CONDITION CAUSING I	Т.	HICH OPERATION	1204 AUTOBOX2/V	Nall 208 Is ver were	E FINDINGS CONSIDERS
ERTIFIC	WAS PERF	ORMED	THE OFERATION	AUTOPSTY (1 es o	IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DI	D (If in Boltime	ore City, give exact location)
CAL	DEATH (notify medical examine)	etc.)				
AEDI	21D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED		INJURY OCCUR?	
1	(APPROX)	Worl			Sept	ember
	22. I certify that (N) (this hospital			nichel 4	19 65 to At	JGUS 4, 19
	that (M (we) last saw the decease	d alive arg	pt ember 4,			pinion death accurred an I
	and haur and fram the couses stat	ed above. (1)	(YoX KiK) (bib) (eW)	view the bady after dea	ith.	238. DATE SIGNED
	One m		M.D. At	ending Med.	Stoff	9-4-19
	23 C. PHYSICIAN'S	un	ey Ph	ys. Director	Phys.	VILKENS & CATI
	CARL H MATTHEY.	MNO	M.D.	ST. AGNES	HOSPITAL-	BALTIMORE. MD.
24	A. BURIAL CREMATION, 248. DATE	24C.NA	ME of CEMETERY OF CE	EMATORY 24	D. LOCATION (City, town, or county)
	DUNAL (Specify) 9/7/6	5	odar the	700	AAC	Ma
25	A. DATE REC'D BY HEALTH DEPT.	258. NAME O	FREGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
	SFP 7 1965 (0.	+ 8 Fa	Och AD C	a Dalla Can	lely 237	falipsio (
15	150-8EV 1/1/65	11	Sec. 201		0/	9

Letter from St. Agnes Hospital 9-15-65 M.H.

Sough Kolto. General Hosp 4807 February Gran St. 8/11/16 89 Widow ad Balto Hd USA However to Home Good be Bud hoff Chapt - 51 M 9 A J California or 16 -50 12/2 5. Ralto. Gon Ho

65	9152 BALTI	IMORE CITY HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	CER	TIFICATE OF DEATH	Registered Na	65 9152
Type or Print)	arl Davis	3.	Sept 1965	11205 A.
FULL NAME OF HOSPITAL OR oddress or INSTITUTION	ospital or institution, give street	A. STATE B. COU	J.	Stitution: residence before admissio
	l of Baltimore	Luc. D. STREET ADDRESS (III	rurol, give location)	Gue
5. SEX 6. RACE	7. MARRIED, NEVER MAI WIDOWED, DIVORCED WIDOWE	RRIED B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min. o
tOA. USUAL OCCUPATION (Give kind done during most of working life, even if	of work 108. KIND OF BUSINESS O	R INDUSTRY 11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	A 17 1 18	14. MOTHER'S MAIDEN NA	ME	
15. Was Deceosed Ever in U. S. An (Yes, no or unknown) (If yes, give wor	ned Forces? or dotes of service)	NY NO. 17. INFORMANT ROSE BERMA	1 H911 (0)	ADDRESS LEENSBERRY AVE
DISEASE OR CONDITION (This does not mean the mean laiture, osthenio, etc. It injury or complication which ANTECEDENT C DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION I	DEATH ode of dying, e.g., means the disease, coused deoth.) AUSES S, il any, giving o (A) stoling the	CAUSE OF DEATH PREMMONIA DUE TO (B) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THE	sobstotic Cardiovasentar Diseration 200A. Autopsy? (Yes or N	O 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE DEATH (notify medical examine)	OF home, form, foctor	NJURY (e.g., in or obout 21 C. WHERE DID ory, street, office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D-TIME (Month) (Doy) OF INJURY (APPROX.)	(Yeor) (Hour) 21E INJURY OC While At Work	CURRED 21F. HOW DID IN Not While At Work	JURY OCCUR?	
that (1) (we) last saw the d	eceased alive an3		hat In(my) (apr) apli	3 Sep t 19 65 nian death accurred on the da
23A. SIGNATURE Clomor	PIL	M.D. Attending Med. Director	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		
24A. BURIAL CREMATION, 24B., D REMOVAL (Specify) BIRICAL 25A. DATE REC'D BY HEALTH DEP	T. 25B. NAME OF REGISTRAL	Front Contral 1	Balto	ty, town, or county) (Stote) ADDRESS 3319
SEP 7 1965 R	Beet E. tarkey Mil	Sylvyn, S	LeurodSon	IK Ogempea!

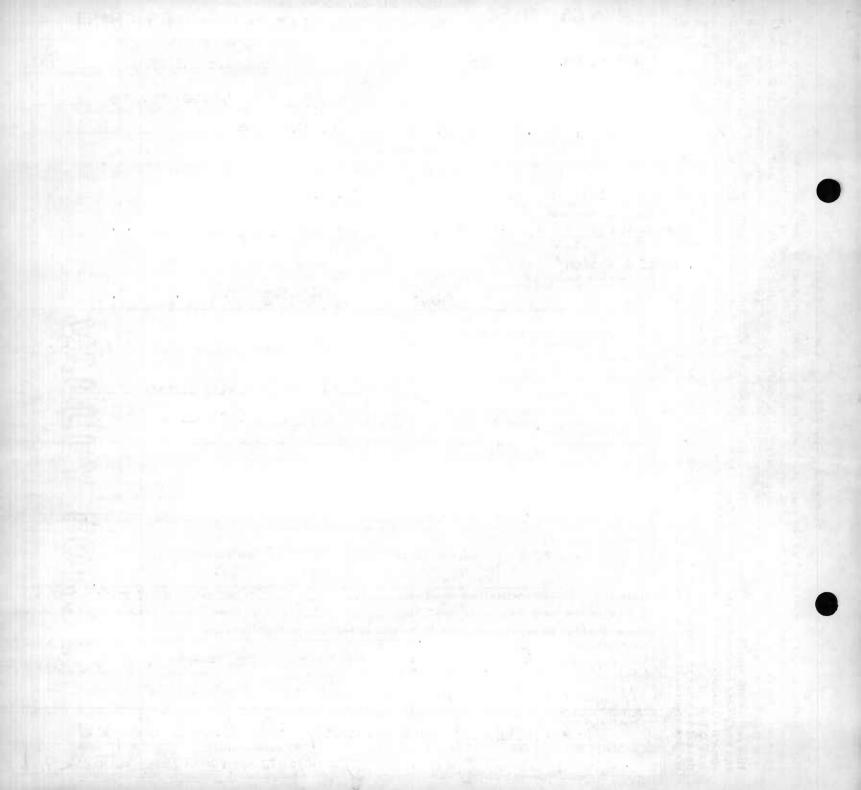
FUNERAL DIRECTOR: IMPORTANT



IMPORTANT

FUNERAL DIRECTOR:

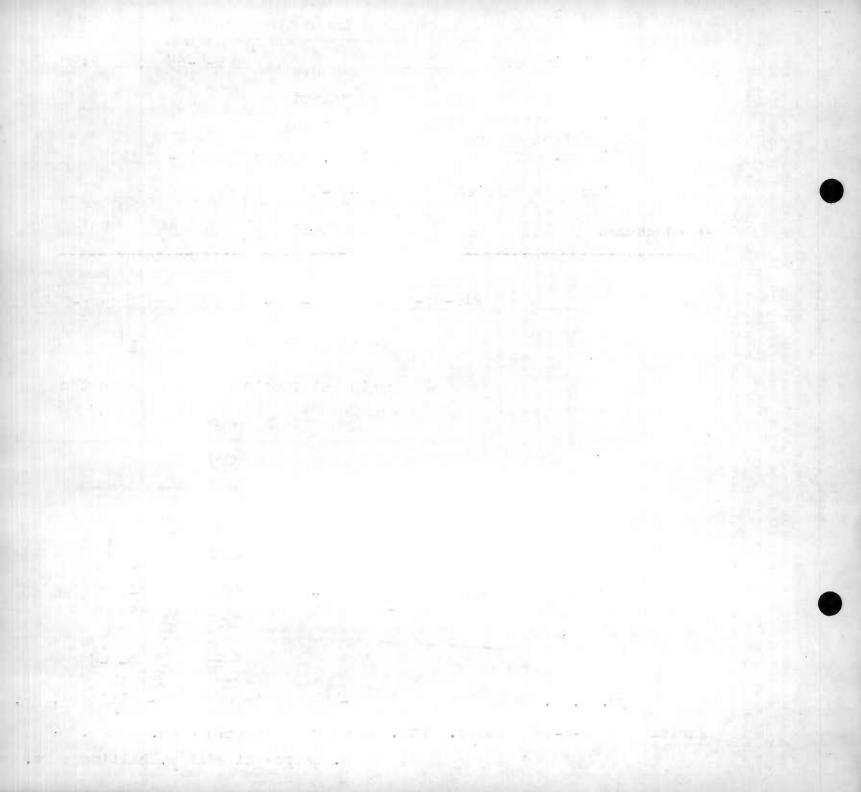
and the second second Exterior re Charace home and perget to 737 5 to 6 am St grating was no of Merk Care Accept Mary on Q. Malinus

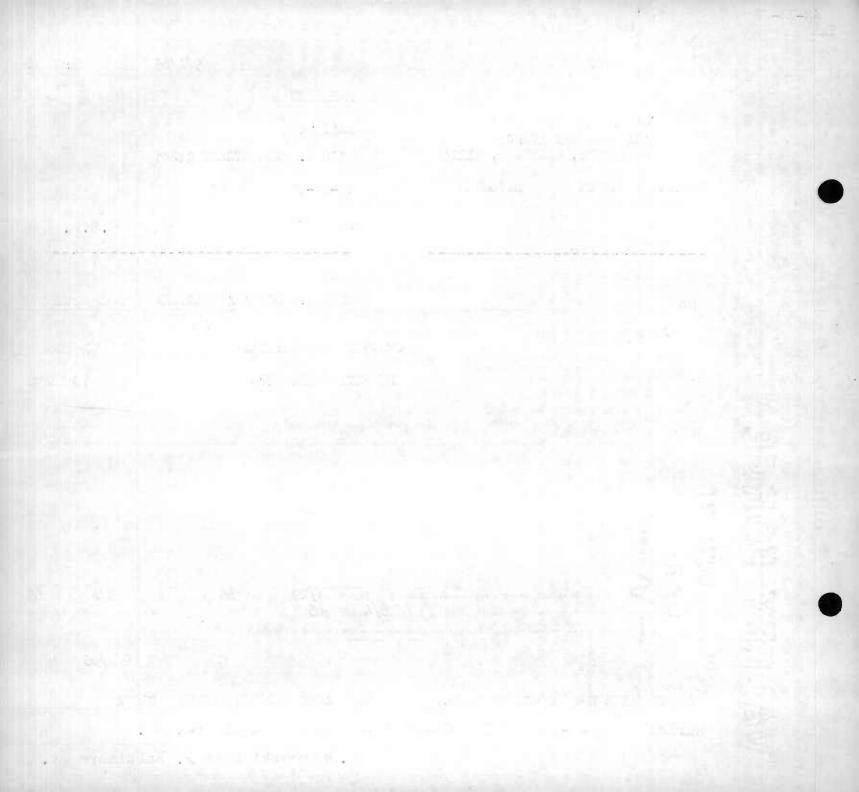


NY	120		63	5 9155	BALTIMORE CITY	HEALTH DEPARTMENT	1	65 0455
ME	DEP 05		NO.	9 2.00	CERTIFICA	TE OF DEATH	Registered No	65 9155
	and ase ase th th	1. N	CASE NO.			2. DATE A	NO HOUR OF DEATH	. –
	-73 0 E		or Print)	18 D. 1	HORRIS		DA/31/0	a.S. 111:17 P.
	÷ 0 0 4	3. P	ACE OF DEATH IN BALTIA		· (v DP ()	4. USUAL RESIDENCE (WI	nere deceased lived. If in	stitution: residence before admission)
	5 0 0					A. STATE 8. COU	A / O	12-14
		l F	OSPITAL OR oddress	n haspital ar institution, or location)	give street	C. CITY OR TOWN (If o	Whide sity limits write I	(URAL ond give township)
	a hose cause se; (5)	/	STITUTION				RE	.60
	ng cause; cause; attend		ENCON MEA	10 RIAL 1	1081	D. STREET ADDRESS	If rural, give location)	
		100				205 BR1	647SIDE	AUE
	- 300 0	5. S	X 6. RACE	7. MARRIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs.
	min min sgulo sed		F W	1ste WIDOWE	D, DIVORCED (specify)	3/18/92	lost birthdayl 73	Months Days Hours Min.
	re re lis				F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	ath in in dec	don	during most of working life, ever	n if retired)		12106121	n	WHAT COUNTRY
	dear Und as i	13.	ATHERS NAME			14. MOTHER'S MAIDEN N.	AME	
	rect or c (4) Undet was in the dec		•	n 11-001		EDAIN	TO CNI	000
7	5 T . F E E	100	KICHAK	D MOREI	215-37-24	to them	es sau	ERA
4		(Yes	os Deceosed Ever in U.S. no or unknown) () f yes, give	wor ar dates of service)	SECURITY NO.	7. INFORMANT	DT	ADDRESS
7	the the kind dear nice chinal		00		10010	WM PA	374	37 A
MPORTAN	if if as		B. 378 XI		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
AP	den fo		DISEASE OR COND		1			
S	Als Als att		LEADING TO This does not meon the		(A) DIE TO	inche pris	nome	
-:	L		hearl failure, asthenia, etc.	Il means the disease	, , , , , , , , , , , , , , , , , , , ,			
CTOR:	miner. fractu o pro gular emba		injury or complication which		(8)	retensine her	monhagic	2. muloza
H	B 0 0		ANTECEDENT		DUE TO	of the kon	rels.	
M	X X X		DISEASES OR CONDITION TO THE OBOVE CO					
DIRE	al e e e e e e e e e e e e e e e e e e e		UNDERLYING CONDITION	V last.	***************************************	***************************************		# ####################################
0	medical bedical burns; (; hysician in was ii	-	II.	3 = 4 4 6 6 6 6 6				
A	nedica edica burns hysici n was	ATION	OTHER SIGNIFICANT CONI					
ER		CAI	DISEASE OR CONDITION	19B. CONDITION FOR		120A ACITOBEV2 (Vos. or)	No. 200 IE VEE WERE	CONCIDENCE
Z	a r sody he p sicio	CERTIFIC	1)	WAS PERFORMED	WITCH OTERATION	Yel	No. 20B. IF YES, WERE I	USES OF DEATH?
5	by B	CER	PIA. ACCIDENT WAS UND	ERLYING 21	B. PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	()f in Ba)timore	City, give exact locotion)
-	tal by by (2) here No ph	AL.	DR CONTRIBUTING CAU DEATH (notify medical exam	SE OF ha	me, farm, factory, street, al	fice bldg., INJURY OCCUR?		
		U			E. INJURY OCCURRED	21 F. HOW DID IN	IIIIax Occila?	
	roved be he hosp by natur xcept w xcept w ind (6) btained	MEDI	OF INJURY		hile At Not While		AJORI OCCOR:	
	d con		(APPROX.)	w	ark At Wark		1511	12 8/2 /5
	D+ = 0 0		22. I certify that (+) (this	hospitof) ottended		18/30	19 (0) to []	1/0/3/1965.
	to to of a		hat (1) (we) lost saw the	deceased office on.	11.11 /44 81	3/19 65 and	that in (n ey) (our) opli	nion death occurred on the date
	070 + + + +		and hour and fram the co	uses stoted obove.		iew the body ofter death		,
	deat must		3A. SIGNATURE	1.19				23B. DATE SIGNED
	must celeas ccide a hos to d		JAIN N	Wulln_	M.D. Atte	ending Med. Director	Staff Phys.	1/31/65
			3C. PHYSICIAN'S	V		23D. ADDRESS		
	An a An a prior		ROBERT	N. WHITLOC	CK M.D.	UNION MEI	MORIAL HOSP	ITAL
	* 2 7 7	24A	BURIAL CREMATION, 24B.	DATE 24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ty, town, or county) (State)
	E 7 0 0 2	1	REMOVAL (Specify)	nt 4 1/5	Druid Ru	de la	Pikes ville	mol.
		25 A	DATE REC'D BY HEALTH	DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	OR PINES PINE	ADDRESS
	This the lashow was dece		SEP 7 1965 (Polent E. T	anthey Mil			III Windsor MillR
		VS	50-REV. 1/1/65			1 7 7 10	7	77117
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day, be known dead



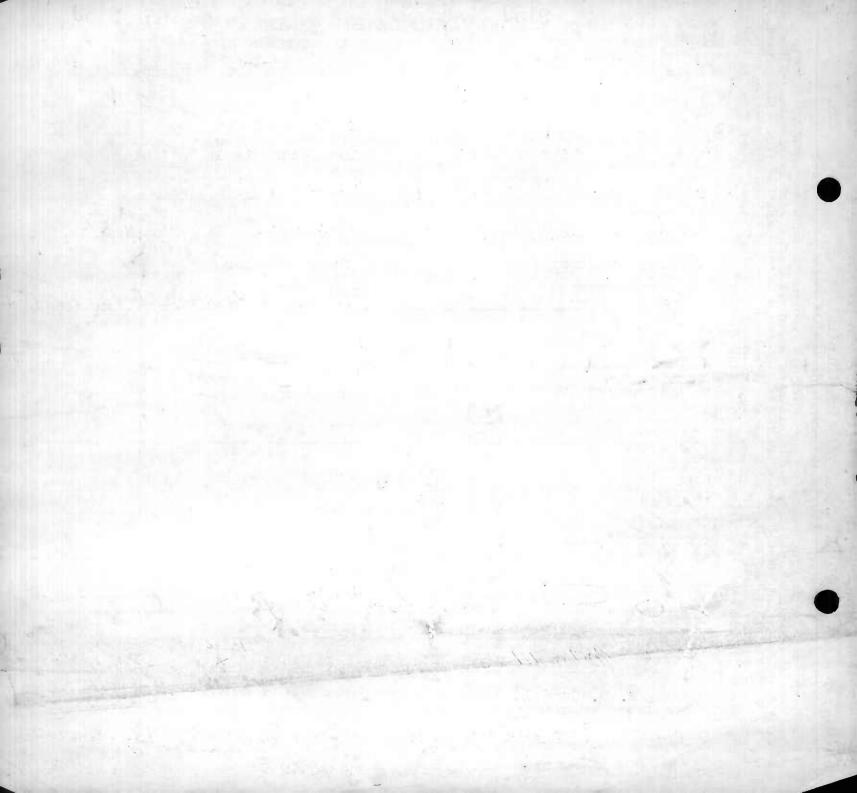


IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

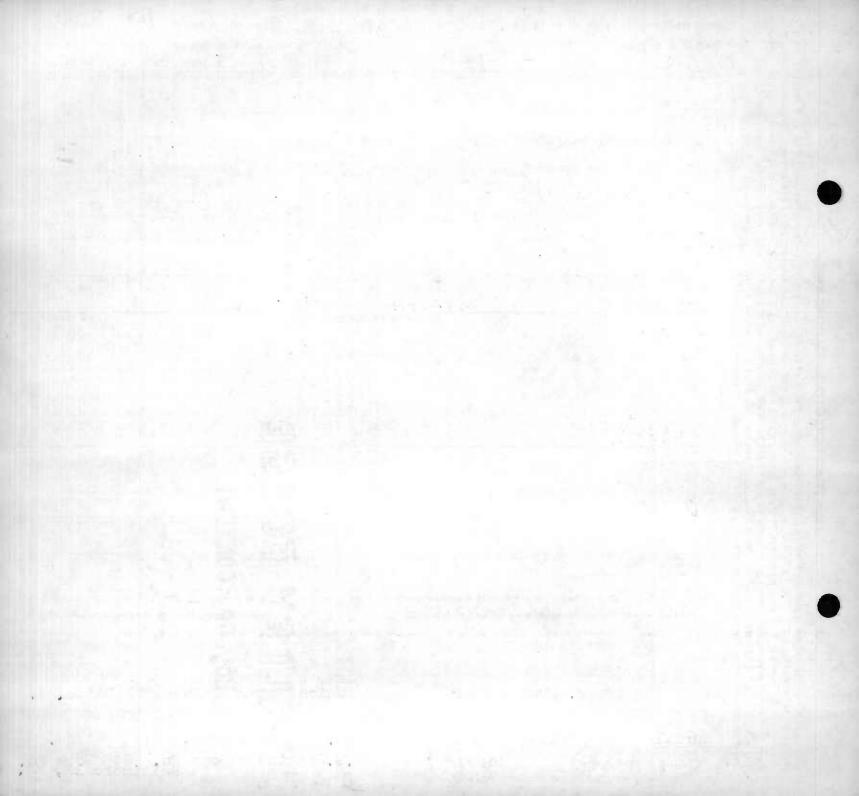
BALTIMORE CITY HEALTH DEPARTMENT deceased lived. If institution; residence before admission outside city limits, write RURAL and give township) parrosus If Under 1 Yr. If Under 24 Hrs. Months Doys Houis 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in(my) (aur) opinion death accurred on the date 238, DATE SIGNED (City, town, or county)

Trans mana half all 1008 1 24 Sammer 1 181 Make wellen widows with 9 4/5/0 No-Incapolina Returned . Eliah Tillman Jay Stephen Margell



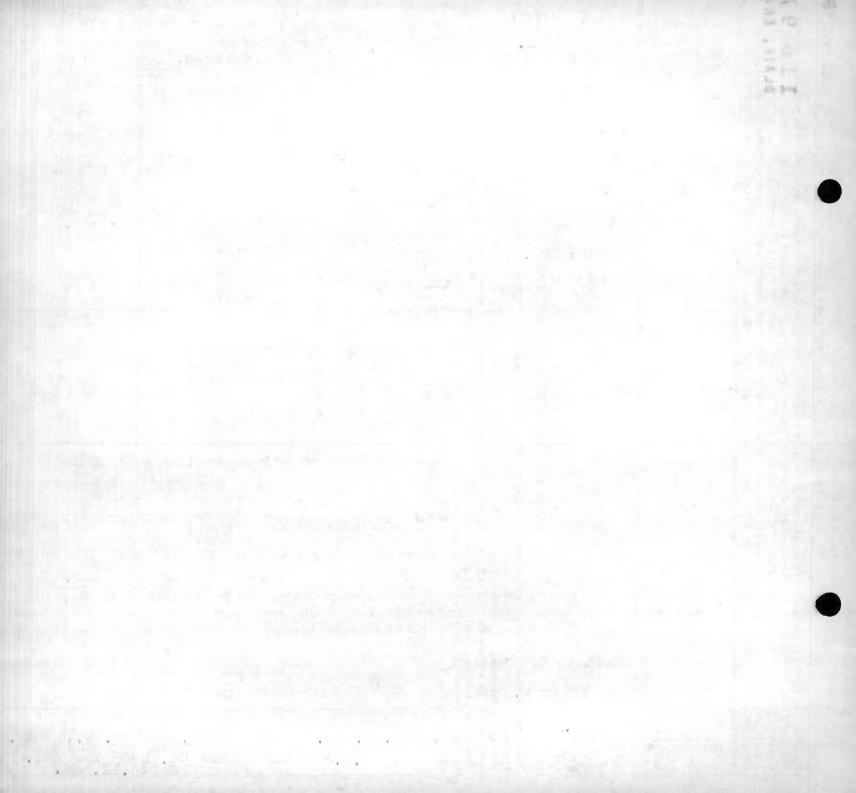
VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



Such

	05 04	0.4	BALTIMORE CITY	HEALTH DEPARTMENT	X	65 9161
BIRTH NO.	65 91	.6.1	CERTIFICA	TE OF DEATH	Registered No.	OO OTOT
A.E. CASE NO.	CEASED	M		2. DATE	AND HOUR OF DEATH	
Type or Print)	/	Blair			etember48,	1965 4:00 a
PLACE OF D	EATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	astitution residence before admissia
FULL NAME	OF (If not in hospital a	r institution, gr	ve street	Haryland, E		
HOSPITAL OF			n4+07			RURAL and give township)
2	Johns Hopk	ins no:	spical	Baltimore D. STREET ADDRESS	(If rural, give lacation)	5300
				A	er Mill Roa	d # 34
SEX	6. RACÉ	7. MARRIED. I	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II Under 24 H
F	W		DIVORCED (specily)	4-19-83	lost birthday)	Months Doys Haurs Min.
	CUPATION (Give kind al work) of working life even if retired) 1 SEW 100	IOB, KIND OF	BUSINESS OR INDUSTRY	Marula		12. CITIZEN OF WHAT COUNTRY?
						0.00
3. FATHER'S NA	Emanuel Kal	nl	,	14. MOTHER'S MAIDEN N Fannie		
. Was Deceose	ed Ever in U. S. Armed Force	os? ol service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Grace	Bleair	Smae
1B. /	AXI		CAUSE O			INTERVAL BETWEEN
DISE	ASE OR CONDITION DIRE	CTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Met	astatic Brea	6 months	
	nal mean the made of a, asthenia, etc. It means		DUE TO	77. 31. 0 000 0 000 00 00 00 00 00 00 00 00 00	7-00-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	emplication which caused					
	ANTECEDENT CAUSES		(B)			######################################
DISEASES	OR CONDITIONS, if a	ny, giving	DOE 10			
rise to	he abave cause (A)		(C)	BOADA O PORT GO GOO GO O VOUR DOT ADADO CO OO CO CO CO		
UNDERLYIF	NG CONDITION last.					
E TO THE	NIFICANT CONDITIONS CO	TED TO THE	?	gram negati	ve sepsis	8 hours
DISEASE O		TON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19A.DATE O	WAS PERFO	JKMED		NB	IN CERTIFYING CA	USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	218, I home etc.)	PLACE OF INJURY (e.g., in , lorm, factory, street, of	ar about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Baltimar	e City, give exact lacotion)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
OF INJURY		While	At Not While			
		Work				
	y that (I) (this hospital)					ptember 4 19.65
that (1) 150	i) last saw the deceased	d alive on	September	4 19 65 ond	that In (my) (tōg) opi	nion death occurred on the d
ond hour o	nd from the couses state	ed obove. (1)	V (YOK BIB) (DIDY TEM)	iew the body ofter deat	h.	
23A. SIGNA	TURE	0	0.0			23 B. DATE SIGNED
	Coloma	1. De	M.D. Atte	mding Med. Director	Stolf Phys.	Sont 4 1965
23C. PHYSIC		W. Hul	7	23D. ADDRESS		
					pkins Hosp	
4A. BURIAL CI	REMATION, 24B. DATE (Specify)	24C. NA	ME of CEMETERY of CRI	MATORY 24D	LOCATION	ity, town, or county) (State)
Burial	9/7/196	5 Mor	eland Mem. I	Pk.Cem. P	arkville,	Balto.Co., M
SA. DATE REC		25B NAME OI	REGISTRAR	25C. FUNERAL DIRECT	OR COM	223BULA
SEP 7	1965 (Robert	7 E, Ja	Sieu 1918	H.W.Jenkins	& Sons Co	4905 York Rd.
/S 150-REV. 1/	1/65	7 1	50	0 8 6 7	- De	



65 9162	BALTIMORE CITY HEA		05 0400
BIRTH NO. MEDIC	CAL EXAMINER'S (CERTIFICATE OF DEATH Regi	stered 113. 9162
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOU	- 1-11-1
LILLIAN 3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased lived. If	9/5/65 3:15 a. M.
S. LEGE IN VALUE MARIEND, WII	ERE FROM ON CED DEAD	A. STATE B. C	COUNTY
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION OF THE PROPERTY OF THE PROPER	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
INSTITUTION		Poltimore	14-07
9		D. STREET ADDRESS (If rurol, give locotion)	1000
Provident	Hospital	910 Whatcoat St.	
	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	18. DATE OF BIRTH 19. AGE (In ver	Months, Doys, Hours, Min.
female colored	Never Married	March 9, 1956	
10A. USUAL OCCUPATION (Give kind of work)	OB. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Maryland	U.S.A.
3. FATHER'S NAME	CONTRACTOR PROPERTY	14. MOTHER'S MAIDEN NAME	
Donald Ames		Dorthy Cooper	
5. WAS DECEASED EVER IN U.S. ARMED I		17. INFORMANT	ADDRESS
No		Dorthy Cooper 910 Wha	atcoat St.
18. 5	CAU:	SE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY		ONSET AND DEATH
LEADING TO DEATH	Bronch	opneumonia complicating lac	ceration
(This does not meon the mode of hear failure, asthenia, etc. It means t	dying, e.g.,		
injury or complication which caused de	OI.	liver and right kidney and	1 Iracture
ANTECENDENT CAUSES	(8)	right femur	
DISEASES OR CONDITIONS, IF AN	TING THE		
UNDERLYING CONDITION LAST.	(C)		***************************************
OTHER SIGNIFICANT CONDITIONS C			
OTHER SIGNIFICANT CONDITIONS C			
DISEASE OR CONDITION CAUSING			
19A. DATE OF OPERATION 19B. COND	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
	ation of liver		AUSES OF DEATH?
O UNDERLYING OF CONTRIB-	home, form, foctory, street,	office bldg., INJURY OCCUR?	
UTING CAUSE OF DEATH.	etc.) street	Lafayette Ave west	of Whatcoat
21 D TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED		
(APPROX.) 9 3 65 81	20 am WHILE AT NOT	work x struck by car	
22. I certify that I held on Inc	quiry Inspection A	utopsy X ond that on this bosis, death i	n my opinion
resulted from: Natural cous			
A TOTAL TOTAL TOTAL COST	Accident 25 301CI	CHIEF MEDICAL EXAMINER	Miller
ACTUAL MILANE	10 6 5/	D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE EXAMINER'S	W. 775 M.	ASSOCIATE MEDICAL EXAMINER	9/5/65
	U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION	City, town, or county) (State)
Burial 9/9/6	5 Arbutus Me	em. Pk. Arbutus, M	id.
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
3EP 7 1965 Role	o E. Jankon M.A	He H VA	SUDIA 11
	" <u>"</u>	Horge Id. When 13	10N. alboun St
V\$ 151-REV. 1/1/65	M, J D U 1	7 0 6 7 0	

March 9, 1956 belvess ravall

Borthy Cooper

Dorthy Cooper 919 Shattont St.

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Bustal Allend Arbutus las. Pk. Arbutus, id.

Donald Amed

BIRT	H NO.	MED	ICAL EX	CAMINER'S CI	RTIFIC	CATE OF D	EATH Registe	red No.	
	CASE NO.								
1. N (Typ	e ar Print)		CARRIE	JOHNSON		2. DATE AND	9/5/65		10:10 a.
		TIMORE, MARYLAND, V			A. STATE	RESIDENCE (Where of	deceased lived. If insti B. COU	tution: residence	before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY O	- V	corporate limits, write	RURAL ond give	e township)		
					D. STREET	ADDRESS (If rurol,		2-01	3187
5. 5	rv	Provident 6. RACE		NEVER MARRIED	8. DATE OF	433 Linden	9. AGE (In years	I If I Indo. 1 V.	If Under 24 Hrs.
J. 3	female	colored		DIVORCED (specify)	Sept.	8. 1899	last birthess	Months Doys	
		CUPATION (Give kind of wo working life, even if retired)	rk 108. KIND OF	BUSINESS OR INDUSTRY	Md.		country)	U.S.A	
13, F	ATHER'S NA	ME			14. MOTHE	S MAIDEN NAME			
		ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORM			ADDRESS	
	No				Susi	e Wilson	2210 McC	ulloh S	t.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.								
	0		RFORMED			no	20B. IF YES, WERE FII IN CERTIFYING CAUS	SES OF DEATH?	
EDIC	UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, factory, street, o	flice bidg., II	NJURY OCCUR?	f in Boltimore City, gi	ve exoct locotion	
	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	v	WHILE AT NOT WORK	WHILE	IF. HOW DID INJU	RY OCCUR?		
	22.					1.1			
	I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my opinion resulted fram: Natural couses Accident Suicide Hamicide Undetermined manner								
	CHIEF MEDICAL EXAMINER								
	SIGNAT		Su.	Garl in	ASSISTAN	NT MEDICAL EX	AMINER 🛣		TE SIGNED
	EXAMI	NER'S	I. Spitz	5/N D		TE MEDICAL EX		9/5/65	
REA	BURIAL CR	EMATION, 23B. DATE	23	Mt Auburn				town, or county)	(Stote)
		D BY HEALTH DEPT.		OF REGISTRAR		UNERAL DIRECTOR	altimore,	MCL .	SS
73	50 7	1965 Robert	Ca Pilla in	en firsk	1		Vla 1348		four It
145	161 PEV 1/3	146	1		^ B	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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O/S/of The Amberra Cam

· File , become la fina

24C. FUNERAL DIRECTOR

ADDRESS

24B, NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

A-425

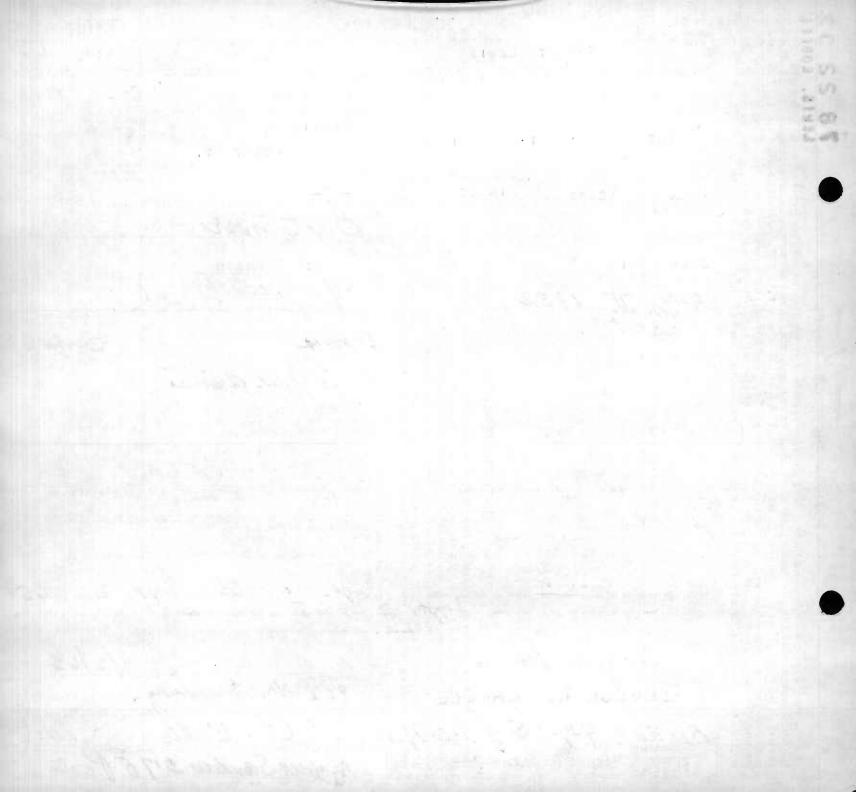
Deals Alexander Sub Welman ac.

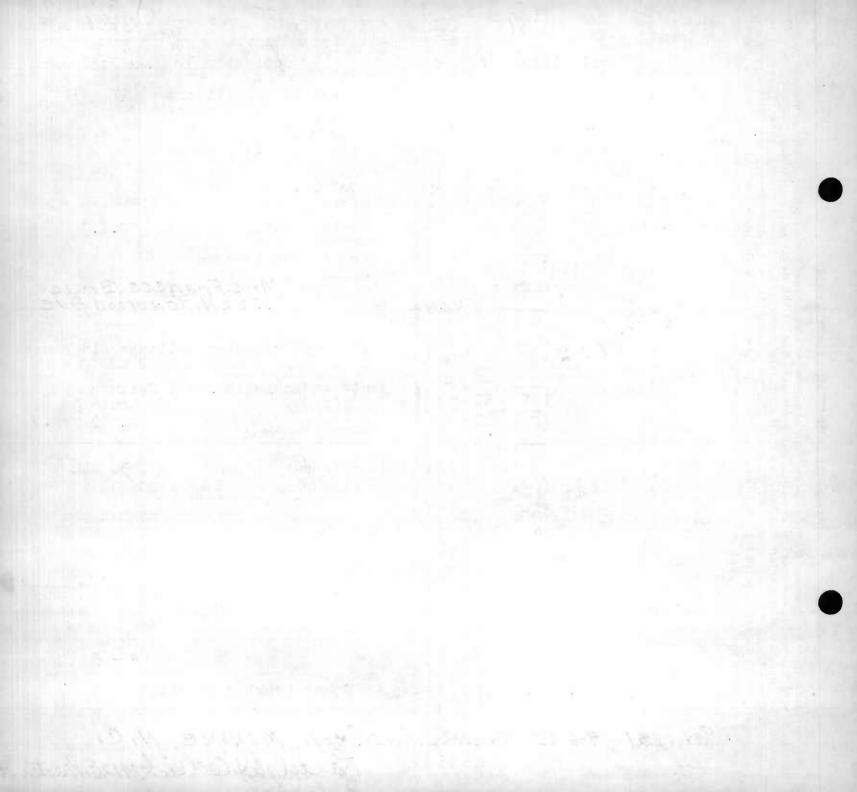
All anomen Les. Deletares, Mil.

VS 150-REV. 1/1/65

Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ROBERT LEWIS 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours : Min. Hours Months Days 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 3 Whe 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (opinion death occurred on the date tawn, or county)

BALTIMORE CITY HEALTH DEPARTMENT

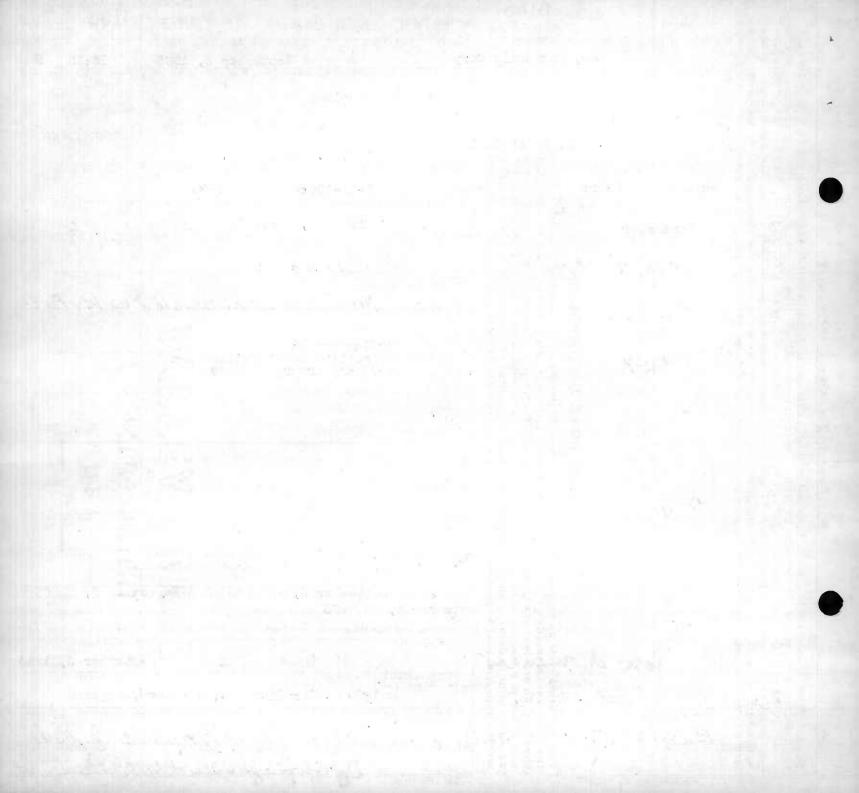




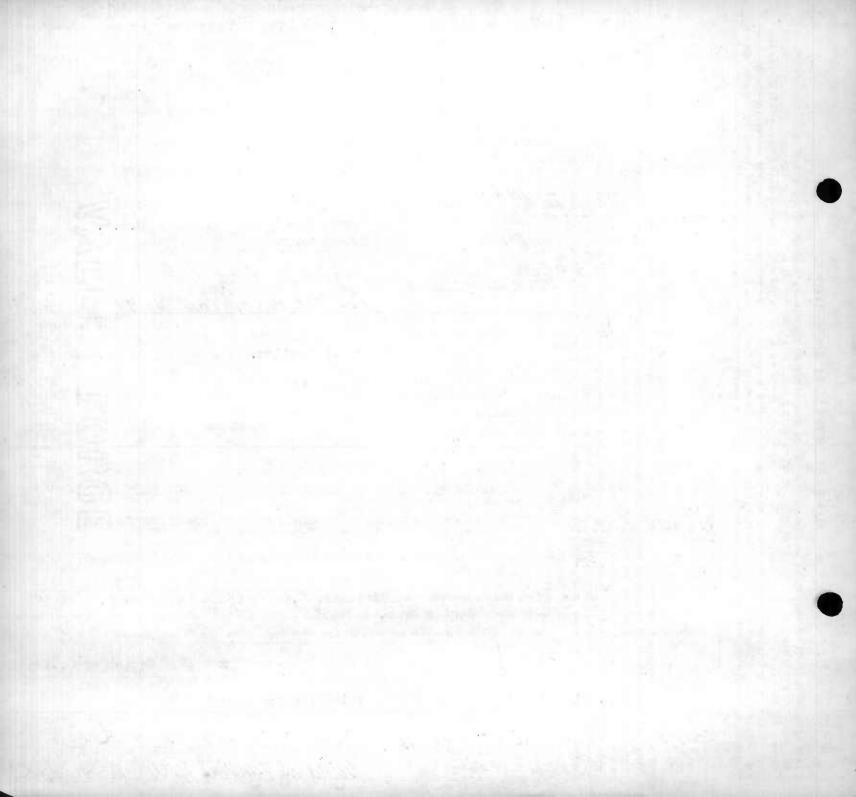
IMPORTANI DIRECTOR: FUNERAL September 3, 1965 | 12:55 P M

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission)
A. STATE

8. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Days 12. CITIZEN OF WHAT COUNTRY? 21.5, ADDRESS ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) September 3. 23B, DATE SIGNED September 3, 1965 (City, town, or county)



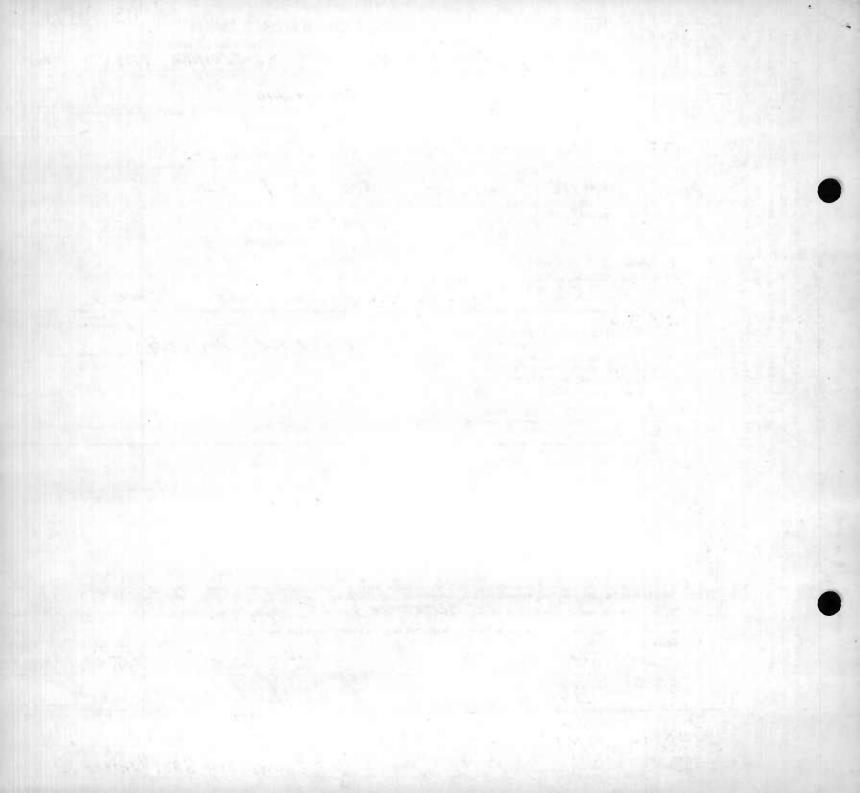
A- 0100	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 9169
BIRTH NO. 65 9169	CERTIFICA	TE OF DEATH Registered	No.
M.E. CASE NO.	021(11110)		PARIL
Type or Print)		2. DATE AND HOUR OF DE	
Johnson, Che	ester	September 6,	1965 1:30 A
. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived A, STATE 8, COUNTY	d. If institution: residence before admission
		Maryland	12-12
FULL NAME OF (If not in hospital or insti	tution, give street	C. CITY OR TOWN (If outside city limits,	unite BUIDL and nive town Mark
Provident Hos	ni+al		wille KOKAL and give lawnsmp)
		Baltimore	
1514 Division		D. STREET ADDRESS (If rurol, give locotion	in)
Baltimore, Mar	ryland	1558 Clifton Avenue	
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	Months Doys Hours Min.
	DOWED, DIVORCED (specify)	1890 lost birthdoyl	TVIOLITIS DOYS THOUS
Male Negro	NO OF BUSINESS OF INDUSTR	/ 4//	12, CITIZEN OF
one duging most of working life, even if retired)			WHAT COUNTRY?
Labonen		South Carolina	U.S.A.
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ortha TI 10		M- IT	
UNIW UDANISON		Mary Vohres	011
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
700, 9100 1101 1101 1101	JECOKIII NO.	Mattin la Barria	1 91 mthaning
110	041105	1110/110 Mach 180%	2617 110100130
18. 788.01	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A) Ser	vere dehydration.	
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO		
injury or complication which coused death.			
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling			
UNDERLYING CONDITION lost.	g 1116	***************************************	
#1			
OTHER SIGNIFICANT CONDITIONS CONTRI	RIITING		
TO THE DEATH BUT NOT RELATED			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	1204 ALLTORSY2 (Yes as No.) 208 IF YES	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No.) 208, IF YES, VIN CERTIFYING	G CAUSES OF DEATH?
U		No	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Bo office bldg., INJURY OCCUR?	Oltimore City, give exact location)
DEATH (notify medical examiner)	etc.)	The state of the s	
U	1) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hou			
(APPROX.)	While At Not Wh	ile -	
22 1			10-1-1-1
22. I certify that (I) (this hospital) offer	naed the deceosed from	September 5, 1965 to S	eptember o, 19-65
that (I) (we) last sow the deceased aliv	on September 6	19. 65 ond that in (my) (our	r) opinian deoth accurred on the do
and hour and from the causes stated ob	qve. (1) (We) (did) (did not)	view the bady ofter death.	
23A. SIGNATURE	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	war, ever apartite	23B. DATE SIGNED
	M.D. A	tending Med. Stoff	
T	Ph.D. Ph	ys. Med. Stoff Phys.	September 6, 196
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	
A. Rigaud	M.D	151) Division Street	
		-> TH DIAIDION DOLEGO	
REMOVAL (Specify) 248. DATE	24C, NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
Cartin Couth	- Themas Villa	Pam / serente	1/2 25/
SA. DATE REC'D BY HEALTH DEPT. 258. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 210
100F A		Who I I	de 101.319
SEP 7 1965 (Poleut 8	, takey Mill	Susuams Yunnal	will Misthochen
'S 150-REV. 1/1/65		0000	
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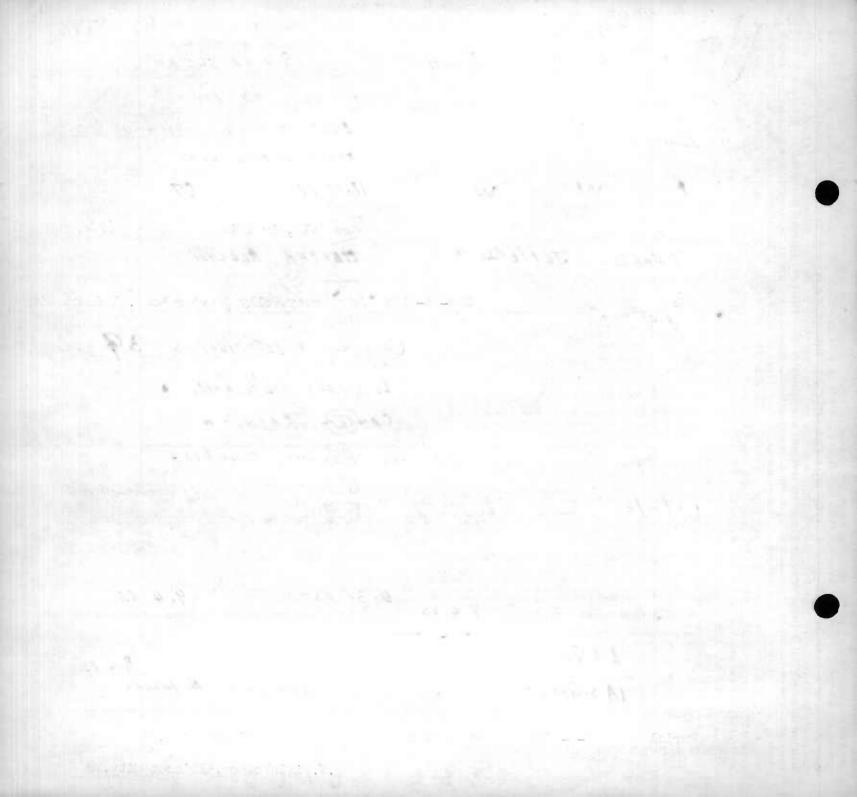


BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) SPEKS, E 3. PLACE OF DEATH IN BALTIMORE MARYLANI	LSIE M.	9-2	and Hour of DEATH	-65 9170 1 2:50P M Institution; residence before admission)
FULL NAME OF (If not in hospital or insti	tution, give street	MARYLAND C. CITY OF TOWN (IF	ЛИТ	RURAL ond give township)
5. SEX	ARRIED, NEVER MARRIED		REDERICK R	If Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, M	DOWED DIVORCED (specify) NO OF BUSINESS OR INDUSTRY	8-11-07 11. BIRTHPLACE (State or fo	lost birthdow 58	Months Doys Hours Min.
Domes tic		MARYLAND 14. MOTHERS MAIDEN N		WHAT COUNTRY? U.S.A.
		Captle-GRO	OMS	
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	ST. AGNES H	OSPITAL	ADDRESS
LEADING TO DEATH (This does not mean the mode of dying, heart foilure, osthenia, etc. It means the di injury or complication which caused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.	e.g., DUE TO sease, (B) APT DUE TO giving g the (C) 44	EBROVASCULA EBIOSOLEROS PERTENS	13	
O SISENSE ON CONTENTION CAUSING II.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	218 PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or about 21 C. WHERE DID injury OCCUR?	(If in Boltimo	re City, give exact lacotion)
21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	While At Not While At Work	21F. HOW DID II	NJURY OCCUR?	
22. I certify that (I) (this hospital) atter that (I) (we) last saw the deceased aliverand hour and from the causes stated above.	on SEPT 2	19 65 and		PT 2 19 65 Inion death accurred on the date
23A. SIGNATURE 23C. PHYSICIAN'S	Phy	anding Med. S. Director	Staff Phys.	9-2-65 #20
MANPRED AMRIA	EIN M.D.	ST. AGNES H		
Buria / 9/7/1965	AME OF REGISTRAR	MATORY 124D. 124D. 125C. FUNERAL DIRECTO	alkutus	City, lown, or county) (Stote)
SEP 7 1965 (258. N	to Falling on	Million	fred flimo 3	319n Soproelas

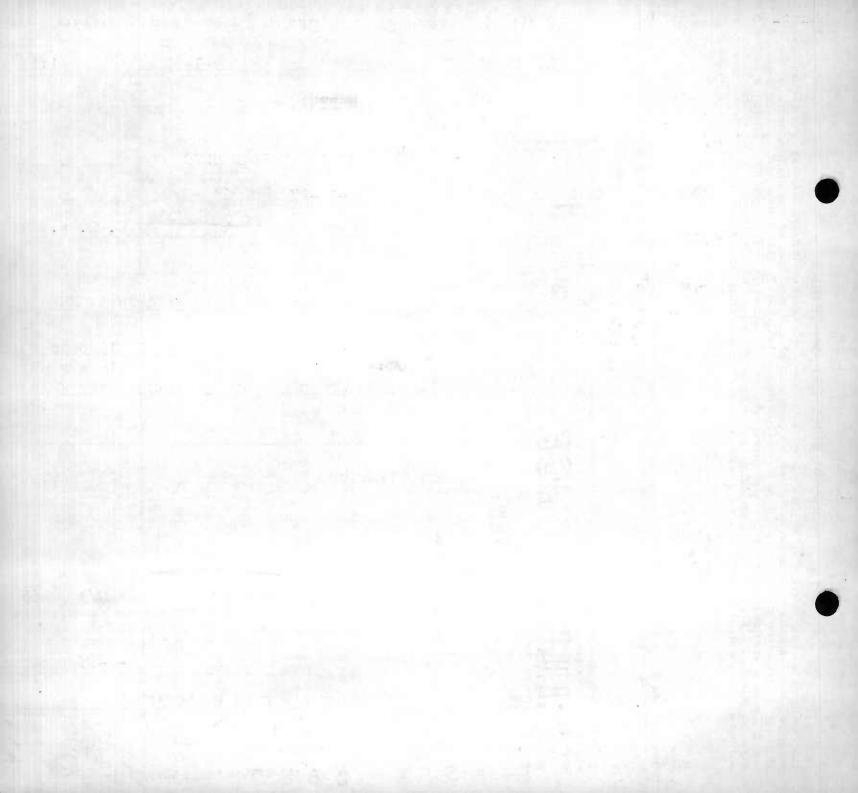
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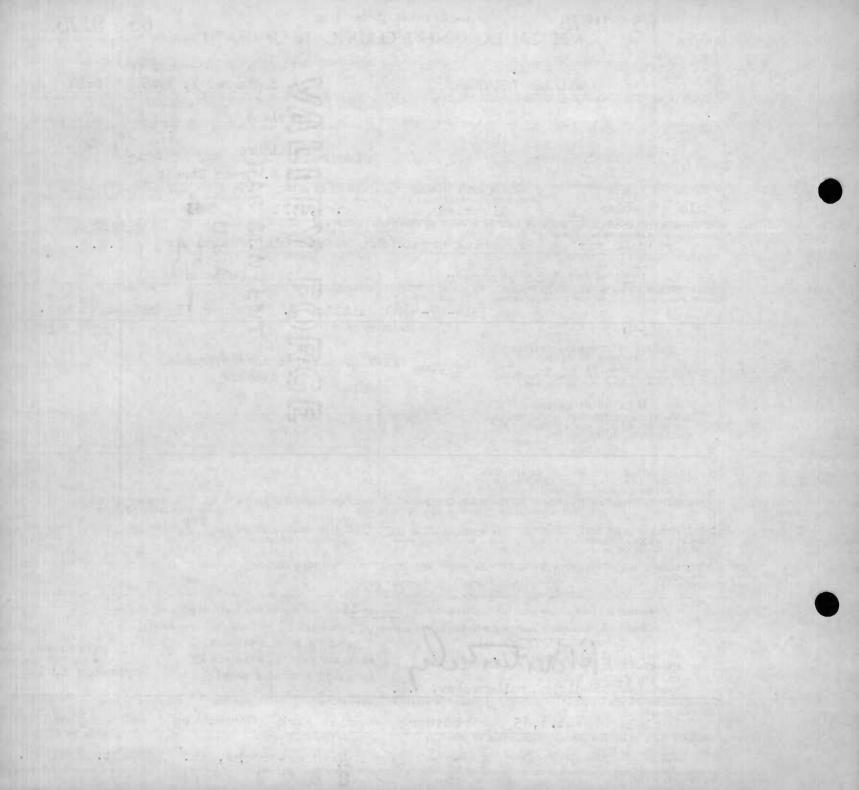


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4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 214-07-4809 | William N. Thrasher II 927 Leeds Ave. (27) INTERVAL BETWEEN ONSET AND DEATH DATE SIGNED September 1, 1965 Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23 D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Frostburg Memorial Park Frostburg Maryland Sept. 4,65 248, NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT. 24C, FUNERAL DIRECTOR ADDRESS 1217 St. Paul St. Wm Cook-Brooks, Inc. VS 151-REV. 1/1/65



BALTIMORE	CITY	HEALTH	DEPARTMEN	T

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ANNA NETDHARDT September 1, 1965 9:30 P E. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION) Baltimore Union Memorial Hospital D. STREET ADDRESS (If rurol, give location) 4700 Harford Road 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) last birthdoyl Manths Days Hours Seperated Female White 7/23/1873 IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Baltimore None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eliz. Schaumlossel Adam Wendell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. 718 Murdock Rd no ----Daukhter INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Bronchopneumonia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES Fracture of Right Femur. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? O No ZIA. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID. (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR? (4700 Hartford Rd.) Nursing Home Harford Garden Convalescent Home 21 E. INJURY OCCURRED 21D TIME 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeos) (Hour) OF INJURY (APPROX.) MHILE AT NOT WHILE 28 65 Fall on floor. 22. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinion Accident resulted fram: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9/2/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, tawn, ar county) (Stote) REMOVAL (Specify) Immanuel Cem Baltimore Md. Burial 24A. DATE REC'D BY HEALTH 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

VS 151-REV. 1/1/65

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6067 Harford Rd

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VS 151-REV. 1/1/65

W-322

	TH NO.	MED	ICAL EX	CAMINER'S CI	EKTIFICATI	E OF DEA	H Registere	ed Na.		
1.	NAME OF DE	CEASED			2	DATE AND HOUR	PRONOUNCE	DEAD		
tty	pe ar Print)	HOWARD F	H. WOOL	COCK			9/1/65	11:35 p. M.		
3. 1	PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDEN	NCE(Where deceose	B. COUN	ition: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				Ma Ma	ryland		Baltimore			
HC IN:	SPITAL OR	ADDRESS OR LOCA	(TION)		C. CITY OR TOWN	N (It autside carpara	te limits, write l	RURAL and give township)		
						dsdowne	2 \	0000		
					D. STREET ADDRE	SS (If rural, give loc	O%an)			
5. 5	EX	St. Agnes I	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	3rd Ave	GE (In years	If Under 1 Yr. If Under 24 Hrs.		
A				DIVORCED (specify)		lost	birth day!	Months Days Hours Min.		
	nale	White	Divord	Ced F BUSINESS OR INDUSTRY	3/2/13		? 52	12. CITIZEN OF		
		working life, even if retired)	1 1/2	Stalfort Co.		Carolina		WHAT COUNTRY?USA		
13.	FATHER'S NAN	ALTER P. WOOL	COCV		14. MOTHER'S MAI					
	'n	ALIER F. WOOL	COCK		LAURA R	ITCH				
		ED EVER IN U.S. ARMED		16, SO CIAL SECURITY NO.	17. INFORMANT		THIS	ADDRESS		
	NO			243-26-8968	MRS. LAUR	A WAGNER	237 Th	ird Avenue 21227		
	18.	2 / X .		CAUSE	OF DEATH			INTERVAL BETWEEN		
	DISEA	SE OR CONDITION DI	RECTLY							
		LEADING TO DEATH not mean the mode of		(A) Massi	ve spontan	eous cereb	ral hemo	rrhage		
	heart failure,	, osthenio, etc. It means mplication which caused	the disease,	DUE TO						
		ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
	RISE TO TH	IE ABOVE CAUSE (A) S'	TATING THE	DUE 10						
Z	ONDEREIN	NO CONDINON LASI.		(C)		***************************************				
CERTIFICATION										
2	OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING TO T	NG HE						
F	DISEASE O	R CONDITION CAUSING	FIT.	********************	000000000000000000000000000000000000000					
SE	19A. DATE OF	WAS PER		WHICH OPERATION	20A. AUTOPSY?		YES, WERE FINI TFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
AL	21 A. EXTERN A	L CAUSE WAS	21 R.	PLACE OF INJURY (e.g.,	in or about 21C. Wh	TERE DID (If in Bol	yes imare City give	exact location)		
EDICAL	UNDERLYING	OR CONTRIB-	hame etc.)	, form, factory, street, o	ffice bldg., INJURY	CCUR?	illione Olly, give	, exact localism		
Σ	21D TIME OF INJURY	(Manth) (Day) (Year	r) Haur) 2	1 E. INJURY OCCURRED	21 F. HOV	W DID INJURY OCC	:UR?	ALL BUILDING		
	IAPPROX.)		m. V	VHILE AT AT W	WHILE ORK					
	22.	tify that I held an I				shas an shia baata	danah in mu			
			(-		that on this basis				
	resul	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner								
	ACTUA	ACTUAL LANGE DATE SIGNED								
	SIGNATURE .M.D. ASSISTA					DICAL EXAMINE	-	9/5/65		
	EXAMIN NAME (r II Sn	ftz, M.D.	ASSOCIATE ME	DICAL EXAMINE	R	7/7/07		
	BURIAL CRE	MATION, 23B DATE		C. NAME of CEMETERY o	CREMATORY	23D. LO CATIO	N (City, t	own, ar caunty)		
RE/	MOVAL (Specification)			T1 D 1	0	3	801 Fred	erick Avenue		
24/	DATE REC'D	BY HEALTH DEPT.	24B, NAME	Loudon Park OF REGISTRAR	24C. FUNERAL		altimore	, 29 Maryland		
	SEP 8	1965 12 0	SHE FA	· Crew M. D.	Hubba	rd Funeral	Home	4107 Wilkens Av		

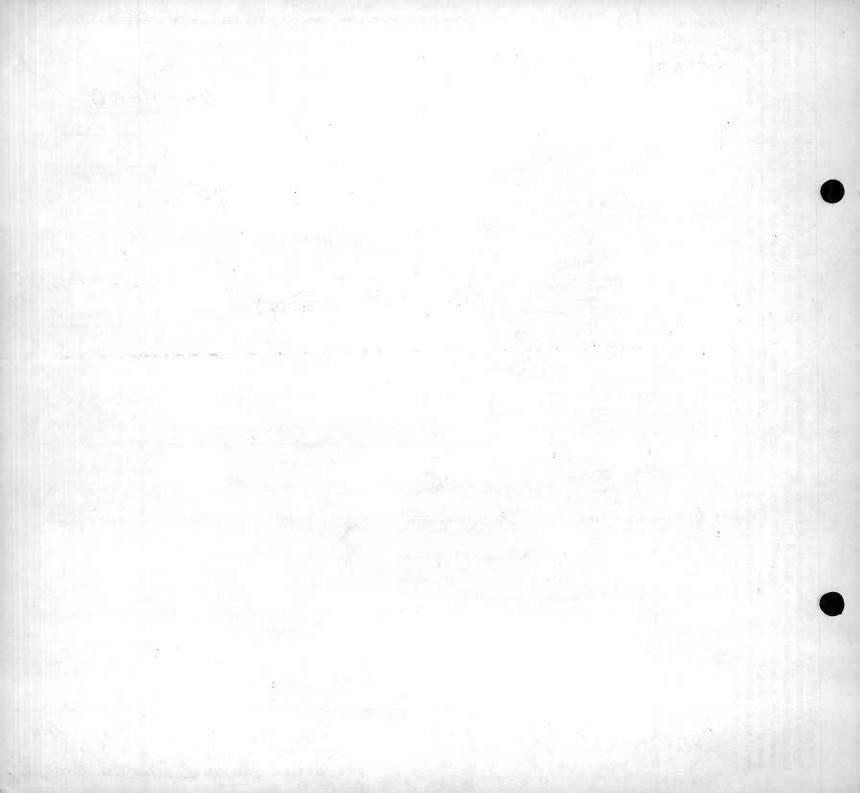
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		0.450		NORE CITY HEA				65	9170	
1	TH NO.	9179MED	ICAL EXAM	IINER'S	LEKIIFI	CATEO	F DEATH Regist	ered No	J-110	
1.	NAME OF DE	CEASED				2. DATE	AND HOUR PRONOUN	CED DEAD		
(Ту	pe or Print)	RALPH	The state of the s	VA	SQUE	Z	9/4/6	5 6	:30 p.	AA.
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED	DEAD	4. USUAL A. STATE	RESIDENCE (W	here deceased lived. If in 8. CC	stitution: residen	nce before odr	mission
FU HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION,	GIVE STREET	C. CITY	Marylan or town (if a	d utside corporate limits, wr	H. I	give township	p)
A					D CTOPP	Arnold		50	20	
8/		St. Agnes H	lospital		D, SIKEE		fton Ave.			
5. 3	nale	6. RACE	MARRIED, NEVER		3-6	-1921	9. AGE (In years lost birthday)	Months, Do	Yr. If Under	24 Hrs Min.
		UPATION (Give kind of work working life, even if retired)	TOB. KIND OF BUSIN	ESS OR INDUST	RY 11. BIRTHE	LACE (Stote or I	foreign country)	12. CITIZEN	OF COUNTRYS	
L	ERVICE	MANAGER	Surgher H	HARM CO	18)	CAS		U,	S.A.	
13.	FATHER'S NAM	1/1 7 1/			14. MOTH	ER'S MAIDEN N	5			
15.	WAS DECEASE	D FOR IN U.S. ARMED	FORCES? 16, SO	CIAL	17. INFORA	TER	MEYES	ADDRESS		
		Olf yes, give war or date	s of service) SEC	30 6273	DOR	othy E	. VASQUE	77	t 4	
7	18. 4- 2	2.1		CAU	SE OF DEA	тн /			NTERVAL BET	
	DISEA	SE OR CONDITION DE	RECTLY	Anten	പ്രഭവിച	otic car	diovascular	0.000		
	(This does heart failure injury or co	not mean the mode of , asthenia, etc. It means mplication which caused	dying, e.g., the disease,	DUE TO	103(16)	OOLC CAL	CLOVASCULAI (1136436		
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO			***************************************			
		IE ABOVE CAUSE (A) S' NG CONDITION LAST.	TATING THE					7 3		
NO NO				(C)			***************************************			
ERTIFICATION	TO THE	II INIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE							
ERTI		F OPERATION 198. CON	DITION FOR WHICH	OPERATION	20 A. A.	JTOPSY? (Yes or	No) 208. IF YES, WERE			
C	0	WAS PER				no	IN CERTIFYING CA			
EDICA	UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. PLACE home, form, etc.)	OF INJURY (e.g. foctory, street,	office bldg.,	21C. WHERE DI	D (If in Baltimare City,	give exact loca	otion)	
Σ	21 D TIME OF INJURY	(Month) (Day) (Year) (Hour) 21E. INJ	URY OCCURRED)	21F. HOW DID	INJURY OCCUR?			
	(APPROX.)		m. WHILE A	AT NOT	WORK -					
	22.	tify that I held on I	nquiry Insp	ection χ A	utopsy	and that a	n this basis, death In	my opinion		
	resu	Ited fram: Natural ca	uses X Acciden	nt Suici	ide 🗌 🗼 h	lomicide 🗌	Undetermined man	ner 🗌		
	ACTUA	100		/_	СН	EF MEDICAL	EXAMINER		DATE SIGN	NED
	SIGNAT		3 11. gr	, M.			EXAMINER X			
	EXAMIN NAME (Type) Werner I	Spitz M.	D.		ATE MEDICAL		9/5/6		
	MOVAL (Specif		23C. NAM	TE OF CEMETERY	or CREMAT	ORY 23	D. LOCATION L (CI	ty, town, or cou	inty) (Si	tote)
2.4	BURIA	12 7-8-	65 HR	hivato	NV	AIL.	HRLINGTON	U	Va.	
24/	SEP 8	1965 A 0	24B. NAME OF REC	HSTRAR J	240.	HN M	TAVIADA	Souse	TUNAPO	chis
1	161 061/ 1/1	الم الم الم الم	u C. Marke	uldal	100	1114	111/100	CON	1-12	-

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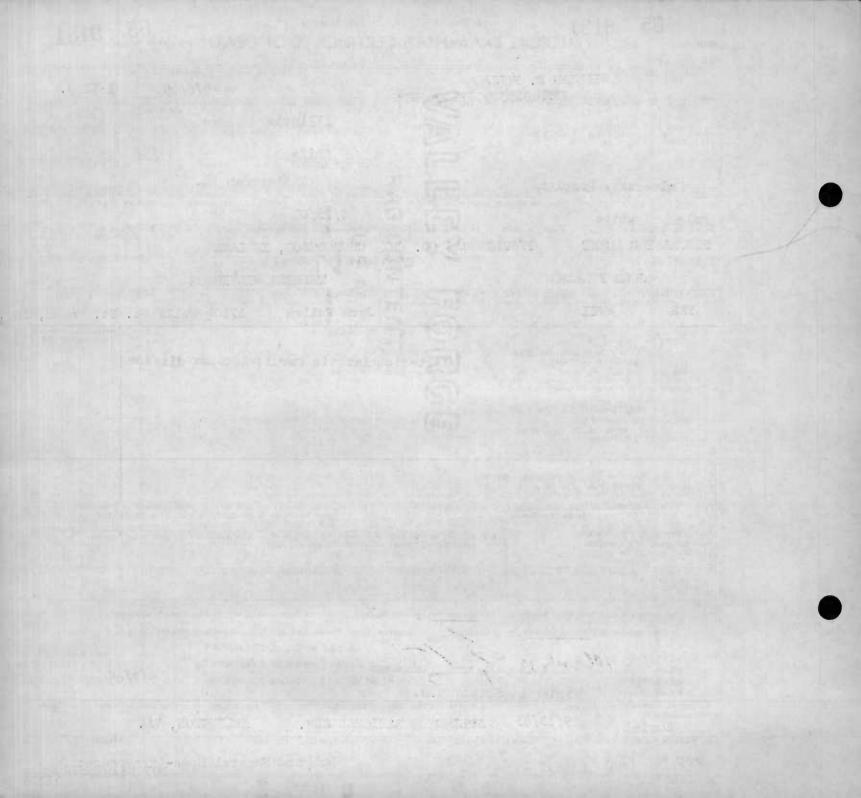
31	BALTIMORE CITY HEALTH DEPARTMENT	100
0.0	RTH NO. 65 9180 CERTIFICATE OF DEATH Register 6 10	3180
3 1	NAME OF DEPENSED VIAGINAL KNIGHT PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived. If institutions)	315 A.M.
	FULL NAME OF HOSPITAL OR oddress or locotion) FULL NAME OF HOSPITAL OR oddress or locotion) C. CITY OR TOWN (If outside city limits, write RURAL)	ORD
3	university Hospital, Maltiner Pt. 1 Box 281-	62-00
1	WIDOWED, DIVORCED (specify) Signal lost birthdoy) Mon	Inder 1 Yr. If Under 24 Hrs. Doys Hours Min.
I	DA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sfote or foreign country) 12. 12. 13. 14. 15. 16. 17. 17. 18. 19.	CITIZEN OF WHAT COUNTRY?
	Stephen Knopht SingleTon Prizeilla Sampson	
1	Stephen Karthet SINGLETON Prizeilla Sampson 5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (Iff yes, give wor or dotes of service) 2.16-05-3/5 My 7. J. HARRY LIAN CAUSE OF DEATH	D. APPRESY 304283
	DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	, dies
	ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if ony, giving size to the obove couse (A) stoting the UNDERLYING CONDITION lost.	
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES 21A. ACCIDENT WAS UNDERLYING	NGS CONSIDERED OF DEATH?
l	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., if or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., if or obout 21C. WHERE DID injury occur?	give exect locolion/
	OF INJURY (APPROX.) White At Not While At Work At Work	
	22. I certify that (I) (this haspital) attended the deceased from 8 19 6 ta 9 that (I) (we) last saw the deceased alive an 9 3 19 6 and that in (my) (aur) apinion	death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Phys. Attending Med. Director Phys.	DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) THAVATURA 1 FRANGEVUD HIRANM.D. Unimity Hoopulae	, balting
	BURIAL SEPT. 9.65 ROCK RUNCEM. HARFORD	vn, or county) (Stote) O. Mp.
	SEP 8 1965 Robert E. Farberna RMadison Mitchell Ha	wide Groce Hd
-	\$ 150-REV. 1/1/65	



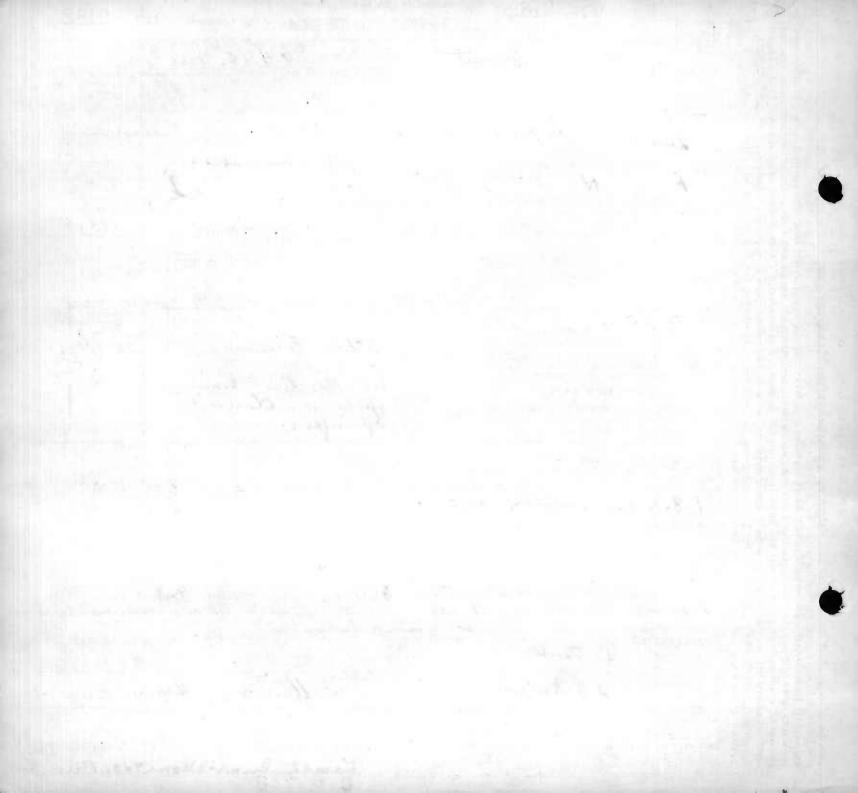
BIRTH	NO.	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N	N	MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered	No
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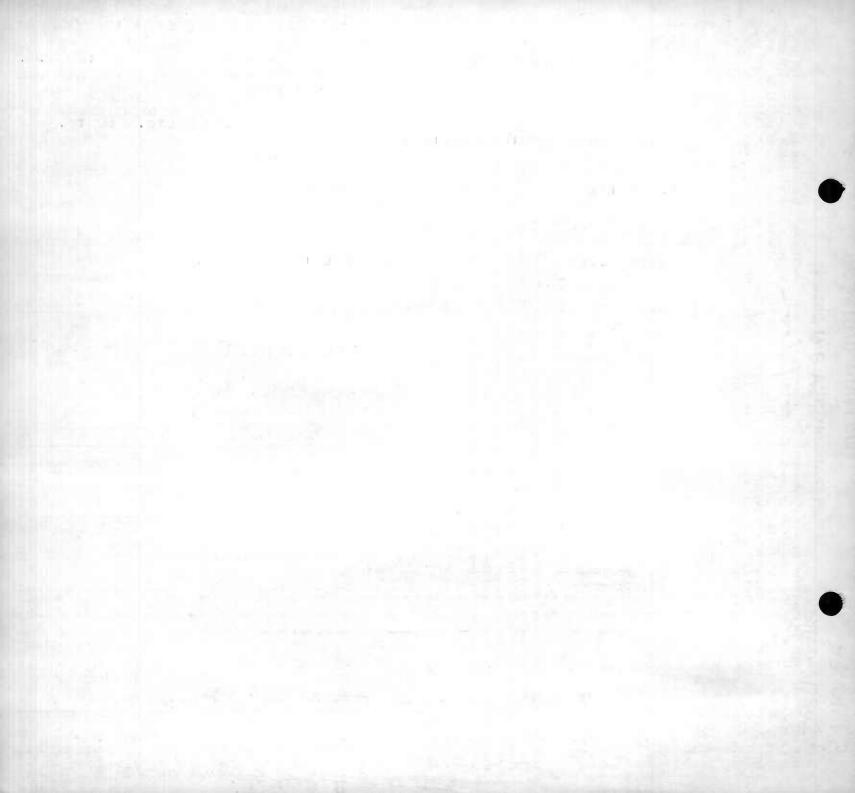
BIR	TH NO.	MEDI	CAL EX	(AMINER'S CI	ERTIFICA'	TE OF D	EATH Register	ed Na	OT	01
	E CASE NO.	CEASED				DATE AND	HOUR PRONOUNCE	D DEAD		
(Ty	pe or Print)	WILLIAM .	E. FULL	AM		Z. DATE AND	9/6/65	D DEAD	1.5	n
3. F	PLACE IN BAL	TIMORE, MARYLAND, W	A VIVIVA VV	WEED DEAD XXXX	A. STATE		eceosed lived. If instit 8. COU	lution: resi	dence befo	P • M. ore odmission)
HO	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION	UTION, GIVE STREET		inois VN (If outside	corporate limits, write	RURAL o	nd give to	wnship)
2					D. STREET ADD	Cago RESS (If rurol, g	ive location)	V =)	/ /	
	Unive	rsity Hospita	21		680	7 Sherrd	lan Rd.			
5. 5	male	white	7. MARRIED,	DIVORCED (specify)	4/25/		9. AGE (In years lost birthdoy)	Months	Days H	Under 24 Hrs. ours , Min.
IOA	USUAL OCC	UPATION (Give kind of world	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZ	EN OF	nv2
I	TURCHAST	NG AGENT if relired)	PEOPLE	S GAS CO: CHI	CHURUBU	SCO, IND	IANA	WHA	COUNT	USA
13.	FATHER'S NAM	A E	1	CAGO	14. MOTHER'S M	AIDEN NAME		7	9.00	
		JOHN FULLAM			TH	ERESA WI	LKINSON			
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S	
16:		(If yes, give wor or dote	s of service,		Jack Ful	lam	1710½ Wells	St.		
	1B.	2211		CAUSE	OF DEATH					L BETWEEN
CERTIFICATION	DISEASES RISE TO TH UN DERLY!! OTHER SIG TO THE DISEASE O	, osthenio, etc. It meons mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT REFER CONDITION CAUSING	CONTRIBUTI	THE					-1	
CER	DATE OF	F OPERATION 198. CON WAS PER		WHICH OPERATION	no		B. IF YES, WERE FIN N CERTIFYING CAUS			D
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or obout 21C. Notice bldg., INJUR	HERE DID (IF	in Boltimore City, giv	e exoct l	ocotion)	
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT NOT AT W	WHILE	DW DID INJUR	Y OCCUR?	81		201
	22. I cer	tify that I held an I	nquiry [d that on this	basis, death in m	y apinia	in	
	ACTUA SIGNAT EXAMIN	URE LACTOR	M.	Accide Suicid		EDICAL EXA	MINER	9/7/0		SIGNED
72.4	NAME (Type) Werne	r U. Sp	oitz, M.D.		23D. LO				(Stote)
RE/	MOVAL (Specif Bur	ial 9/1:	3/65	ARLINGTON NAT	CIONAL CEN	1. A	ARLINGTON,			(Siole)
24/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	THE RESERVE		ADDRESS	77710
	SEP 8	1965 Robert	r E. Fa	Dey M. B	Hub	pard Fun	eral Home-A	Trans	zement Ikens	SAvenue
VS	151-REV. 1/1/		. 0	4 6 0 0	001	0 57				21229

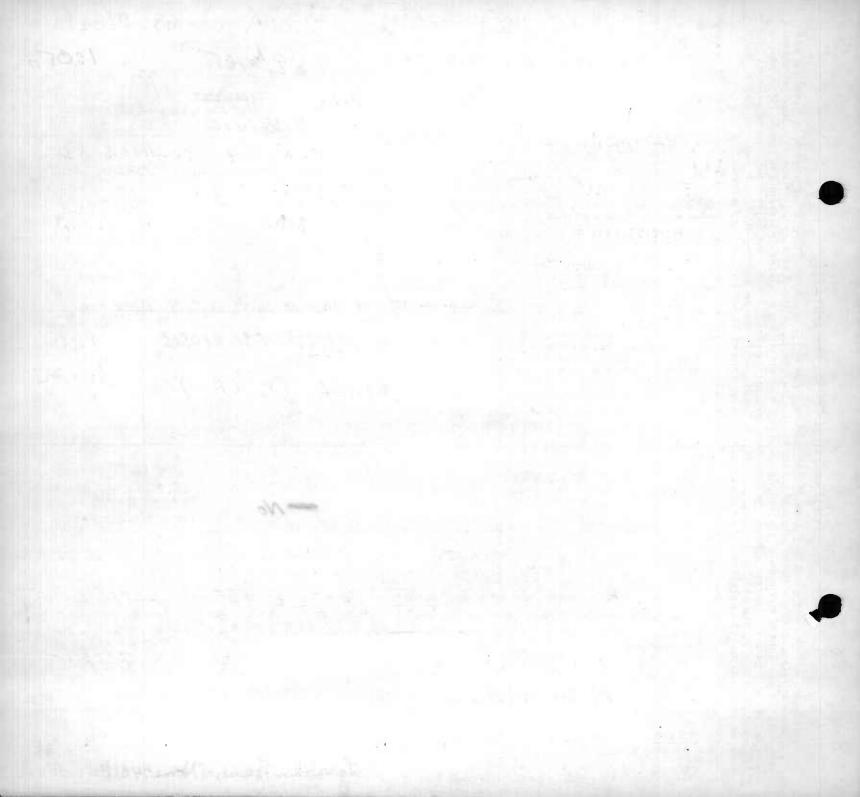


che the	RTH NO. BARNETT CERTIFICATE OF DEATH Registered No. 65 9182 Registered No. 65 9182
dea n + s	NAME OF DECEASED 12. DATE AND HOUR OF DEATH
hospitalse of (5) Decance of death.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street)
cau to to	HOSPITAL OR oddress or locotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore Md.
TO.= L .	Office of Street Address (If rural, give location) 6509 Rosemont Avenue #6
th occurre contribut etermined n regular sceased p	F. AGE (In yeors of lost birthdoy) Widowed 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed 8. DATE OF BIRTH I ost birthdoy) Months: Doys Hours
or con ndeters s in re decea	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
if derect o (4) Un was the cisposit	FATHER'S NAME
stant ind; (death e on	Lewis Lininger Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Leah Harmon ADDRESS ADDRESS
assist if the ny kir ny kir d de lance	No 281-14-2626 Mrs Norman Burch 6509 Rosemont Avenue
his lso, of arcentended o	DISEASE OR CONDITION DIRECTLY
0 2 5 0 7	(This does not meen the mode of dying, e.g., healt foilure, osthenia, etc. Il means the disease, injury or complication which caused death,
ELLOO	ANTECEDENT CAUSES (B) Vast Operation wand Due to
al exa	DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the UNDERLYING CONDITION lost.
nedicedice ourn nysic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chief chief y a Body the nysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED CAUSES OF DEATH?
by the pital by re; (2) where No ph	21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
proved by the hospita ny nature; except wh and (6) Na	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While Work At Work
000.0	22. I certify that (1) (this hospital) attended the deceased from $9 \cdot 17 \cdot 6 \cdot 5 \cdot 19$ that (1) (we) last saw the deceased alive an $9 \cdot 3 \cdot 6 \cdot 5 \cdot 19$ and that In(my) (aur) apinian death occurred an
leased to ident of hospital o death)	and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE
ccic	A.S. Quico hi M.D. Attending Med. Stoff Phys. 9.3 65
certificate body was r vs: (1) An a D.O.A. at eased prior ten approv	23C. PHYSICIAN'S NAME (Type) A. S. QURESHI M.D. 23D. ADDRESS Usuines & Starforful Ballimes
This certif the body shows: (1) was D.O.A deceased	A. BURIAL CREMATION, REMOVAL (Specify) Buriak 9-7-1965 Woodlawn Cemetery Baltimore Md.
This c the b show was dece	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS



BIRTH NO. 65 91 M.E. CASE NO. 1. NAME OF DECEASED	83 CERTIFICA	TE OF DEATH Register	od No. 65 9183
(Type or Print) JAMES		9-6-65	9:25 A.M.
3. PLACE OF DEATH IN BALTIMORE, MAKE FULL NAME OF (If not in hospital o	YLAND i institution, give street	A. STATE MARYLAND	ed. If institution; residence before admission)
HOSPITAL OR oddress or location)	manorion, give since;	C. CITY OR TOWN (If outside city limits	write RURAL and give township) BALTO. COUNTY.
33 THE JOHNS HOP	KINS HOSPITAL	D. STREET ADDRESS (If rurol, give loco	
MALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 2-26-27 9. AGE (In year lost bindey)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if relired) The state of the	Monglovel Ren.	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME JOSEPH ALVEY		14. MOTHER'S MAIDEN NAME GOLDIE HARTLOVE.	
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 1
18. 4 DISEASE OR CONDITION DIRE	CAUSE C	F DEATH DEATH A PROPERTY 9	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of heal foilule, asthenio, etc. It means to the state of the s	dying, e.g., (A) CA	PDIAC ARREST	8:05 - 9:25 A.N
injury or complication which coused of		UMATIC HEART DIE	ISE .
DISEASES OR CONDITIONS, if on the line obside course (A) UNDERLYING CONDITION last.	ny, giving stoling the (C)	& ATRIAL FIBRILLAT PARKINSON WHIT	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	NTRIBUTING ED TO THE	ARRHYTHMIA	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. COND WAS PERFO 21A. ACCIDENT WAS UNDERLYING	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CALLSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21C. WHERE DID (If in Iffice bldg., INJURY OCCUR?	Boltimore City, give exoct locotion)
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED While At Not While At Work Not Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) that (I) (we) last saw the deceased	attended the deceased from Si	EPT 1965 to 1965 and that in (my) to	SEPT. 6 19 65
and haur and from the causes state			
Deogn a.	Schelle III M.D. AH	ending Med. Stoff Phys.	9/6/65
23C. PHYSICIAN'S NAME (Type) GEORGE	A. SCHEELE TMO.		PRINS HOSP.
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 9/10/63	7 Cadraridae		(City, town, or county) (Stote)
SEP 8 1965 P. O	58. NAME OF REGISTRAR & Calley M.A.	25C. FUNERAL DIRECTOR	ADDRESS AT

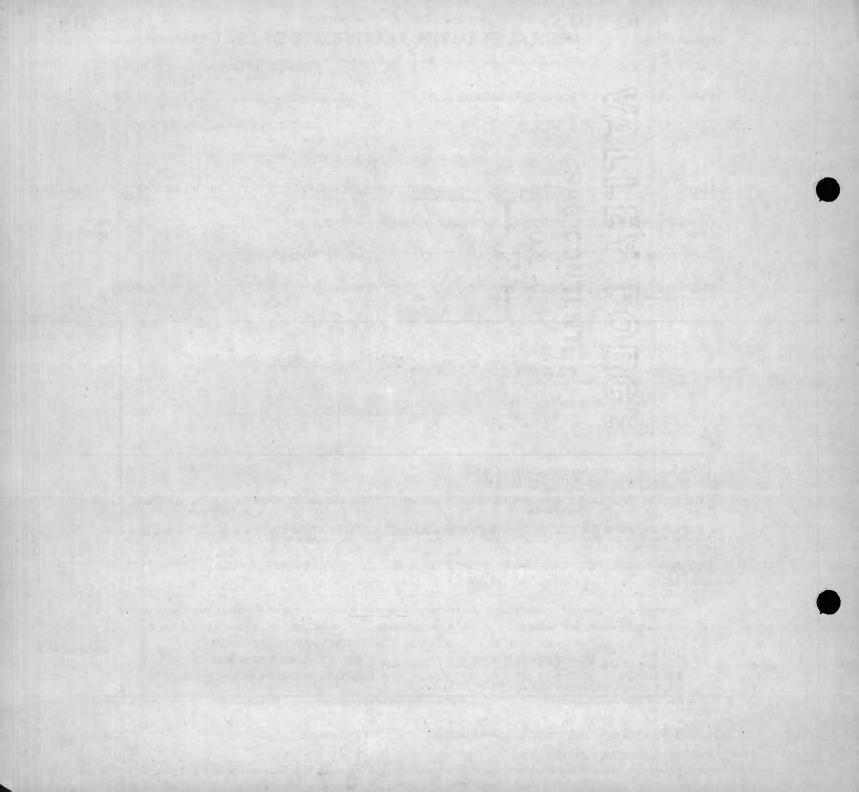




7-500

65 9185 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	,,,,,		, , , , , , , , , , , , , , , , , , ,		IL OI DEATH	
NAME OF DEC	EASED				2. DATE AND HOUR PRONOUNC	
(Type or Print)	WILLIAN	4	E. TI	JNNEY	September 1, 1	965 5:15 P
PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If ins	Intution: residence before odmission)
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION. GIVE STREET	Ma	Lytallu	Dateimore
OSPITAL OR	ADDRESS OR LOCA	ATION)		11	WN (If outside corporate limits, write	e RURAL and give township)
				Pi	kesville	5500
) S	j nai Hospital	L			RESS (If rurol, give location)	
40					7 Clarendon Avenue	
S. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	H 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male	White	7/1861	Let	11/12	1903 61	
	PATION (Give kind of working life, even if retired)	KION KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Umh		11/1/20	44-60	10.11	J. Sna	W.C.A.
LEATHER'S NAM		1	4	14. MOTHER'S M	AIDEN NAME	
119M /	my Si	1		Many	(coles)	
5. WAS DECEASE	D EVER IN/U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
es, no or unknown	If yes, give wor or dote	25 Of Service	SECURITY NO.	Mills Mark	a & Sma 7	144 -10.56
118.	-purc-		CALLS	E OF DEATH	all me Juanty	INTERVAL BETWEEN
100	16:11		CAUS	E OF BEATH		ONSET AND DEATH
DISEAS	SE OR CONDITION DE	RECTLY	M1111	rinla Trau	matic Injuries.	A STATE OF THE STA
(This does n	not mean the made of	f dvina e.a.	DUE TO	cipie ilau	matic injuries.	
injury or con	osthenio, etc. It meons	deoth.)				
	NTECENDENT CAUS	EC				
	OR CONDITIONS, IF		(B)		***************************************	
RISE TO TH	E ABOVE CAUSE (A) S	TATING THE	500 10			
	to combined tast.		(C)	•••••••	•••••	
OTHER SIGN	II				The second second	
	NIFICANT CONDITIONS DEATH BUT NOT RE					
DISEASE OF	R CONDITION CAUSING	G IT.	***********************			
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION		? (Yes or No.) 20B, IF YES, WERE FI	
(X)				Ye	S	Yes
UNDERLYING	CAUSE WAS	21 B. I	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21 C. V	VHERE DID (If in Boltimore City, gi	ive exoct locotion) Balto
II .	SE OF DEATH.	etc.)	Street		terstown Rd., S. o	f Valley Rd., Coun
21 D TIME	(Month) (Doy) (Yeo	or) (Hour) 2	1E. INJURY OCCURRED	21F. H	OW DID INJURY OCCUR?	
(APPROX.)	9 1 '65	5 P	HILE AT NOT	WHILE E Dr	iver in auto-truck	s collision
22.			VORK LI ALV	VORK E		
1 cert	Ify that I held on I	inquiry	Inspection Au	topsy X one	d that an this bosis, deoth in r	ny opinion
resul	ted from: Notural co	uses A	coldent & Suick	de Homici	de Undetermined monn	er _
	01		//	CHIEF M	EDICAL EXAMINER	DATE SIGNED
SIGNAT		0.0. 1	Celler M.D	ASSISTANT M	EDICAL EXAMINER	DATE SIGNED
EXAMIN	FR'S	we.			EDICAL EXAMINER	9/2/65
NAME (S. Pett	y, M.D.			
MA. BURIAL CREA		230	C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (City	, town, or county) (State)
REMOVAL (Specify	Berke	1-15	Vent 6 1	860	(Solmer Is me	3. B. OT. 11
4A. DATE REC'D	BY HEALTH PEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
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DEP 8	1965 1	AE FA	Ore H. D	Im	of Highersel	Takoseille VU
'S 151-REV. 1/1/	65	777		0 0 7	011	V



R-450	1			Y HEALTH DEPARTMENT	65 9187
700	9-6	BIRT	1 NO. Salisbury, Mid. CERTIFICA	TE OF DEATH Registered No.	10 0101
and	the Such	1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
	S .	(Тур	or Print Lester RAY, Collins	III Sept. 3 196	5 8 AM.
hospital ise of d	eath.	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE Willere deceased lived. If insti	tution: residence before admission)
000	ance	F	ULL NAME OF (If not in hospital or institution, give street	md 711	inmuco
		H	OSPITAL OR oddress or location)	C. CITY OR TOWN Ilf outside city limits, write RU	RAL and give township)
	attend ior to	13	0	Salisbury	72-12
in B	prior att	1	University Hospital	D. STREET ADDRESS (If ryrol, give locotion)	
6 to 6	9 9 9			Quantico led	
th occurred in	regular sased p is made	5. 5	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy),	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
O 1	in regul eceased on is ma	1	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	4-25-65 (0)	4 18 8
돈 ' ;	i	done	during most of working life, even if retired)	~ , ,	12. CITIZEN OF WHAT COUNTRY?
dea	S D =		Child	Maryland	USA
		13. 1	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
T if	N	1	Lester Ray Collins II	1 - 01/	dock
AN Stant	eath e on		vas Deceased Ever in U. S. Armed Forces? no or unknown) If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	Peggy Jean Clary (Mother	ADDRESS
Sisist the	de		No -	Choat - Father Quant	ico Rd-Salisbur
IMPORTAN or his assistant Also, if the di	200		18. 762,01 CAUSE O	DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
MP So,	e nd d o		DISEASE OR CONDITION DIRECTLY	· · · · · · · · · · · · · · · · · · ·	
A PA			LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	indiovespiratory Heres	N 15-70 min
OR: I	ar ball		heort failure, asthenia, etc. It means the disease, injury at camplication which caused death.)		2
O - E . E . S	9 2 2		ANTECEDENT CAUSES (8)	Spiration	E &
CI	¥ 5 5		DISEASES OR CONDITIONS, if any, giving	0 0	1 . P
DIRECTOR: ical examiner al examiner.	S E E		rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	halasia	Lice
D 000	as ain		II		
medical	5 ≯ E	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	the second second	
RA med	phy	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	to thrive	
FUNER to chief r	sic +	ERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
5 5	- E -	CER	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in at about 21 C. WHERE DID III in Soltimore C	ity, give exact location)
- +=	000		OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	office bldg., INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
by	Who who	U	21D. TIME (Month) Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?	
pe	/ - /	5	OF INJURY While At Not While	le 🗀	
			Work At Work		2 15
pprod the			22. I certify that (1) (this hospital) attended the deceased fram	A /	1 - 3 1965,
B 5 4	25.9		that ((we) last saw the deceased alive an		on death accurred on the date
t best	ospita death must k		and haur and from the causes stated above. (We) (did) (did) (224, 51GNATURE	and the same of th	3B, DATE SIGNED
o constant	PE		50 1 / K. O. M.D. AMO	tending Med. Stoff	9-3-65
Ele	2 - 5		Physician's	23D. ADDRESS	1-373
ate	A. at prior		NAME (Type)	11	latin
ific	d p	24A	Lawara a Holey	011100-32-1	Yown, or county) Stote)
body	D.O. G.S.e.		Burial Sept. 7/65 Parsons Ceme		Maryland
This cer	was D.O.	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
This	was dece writ		SEP 8 1965 R O. of & Farbaran	HOLLOWAY & COMPANY-SA	LISBURY, MARYLAN
18		VS	50-REV. 1/1/65	18703	

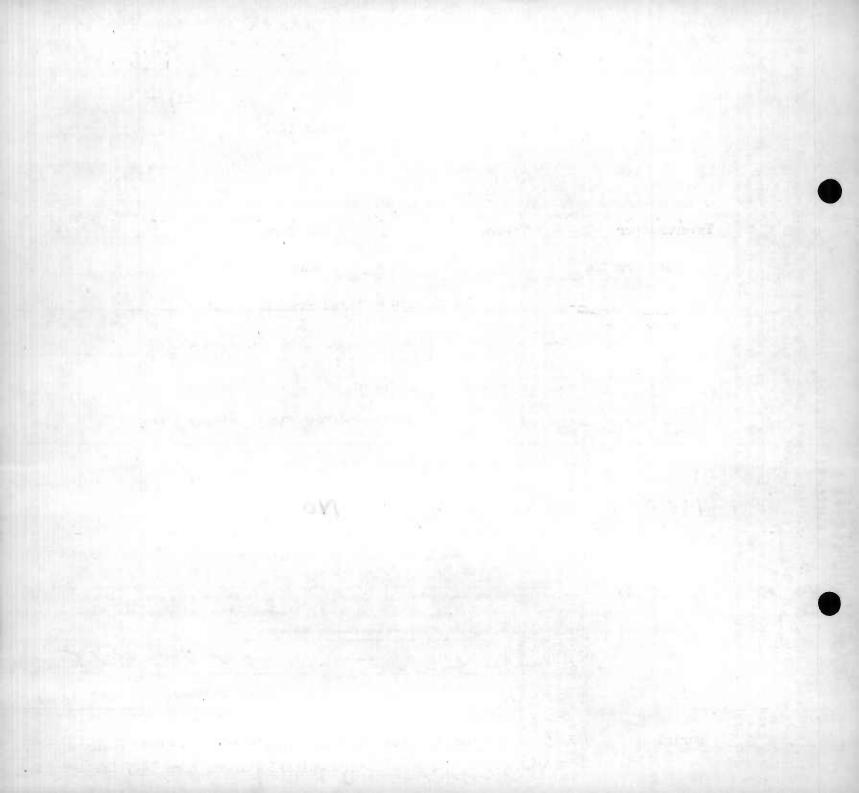
BX (1) The Key! York (2) -24-7

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FUNERAL DIRECTOR: IMPORTANT

M.E. CASE NO.	ara ara						
Type or Print)	MERRITT L	BOFF	T. 1 22			AND HOUR OF DE	
	ATH IN BALTIMORE N		7 20	4. USUA			If institution: rosidonco befero
				A. STATE	B. CO	UNTY	
FULL NAME		ol or institution,	give street		RYLAND	Balt	imore
INSTITUTION	oddross or locat	non;					vrite RURAL and give township
Lur	HERAN KOSPIN	AL OF A	SARYLAND		ssex (21		53-00
16	16 - (mar - 110 - 11		., ., .,			(If rural, give location	1)
40				319	MILES	ROAD	
5. SEX	6. RACE		D, DIVORCED (specify)		OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Un Months Doys Hours
MALE	WHITE	M	ARRIED		-5-03	61	
			F BUSINESS OR INDUSTR	Y 11. BIRTH	PLACE (State or f	oroign country)	12. CITIZEN OF
	working fife, even if retired				N		WHAT COUNTRY?
Tavernke		Taver	'n	14 140-	New York		AMERIC
- PAINERS NA	IALE			14. MOTI	HER'S MAIDEN	AME	
John	Breffle				Anna	/	
5. Wos Decease	d Ever in U. S. Armod F	orcos?	1 6. SOCIAL	17. INFOR			ADDRESS
**	n) (If yes, give wor or do	DIOS DI SOTVICE!	SECURITY NO.				
No			216 03 9184	OF DEATH	el Breff]	e Same	
18.	SE OR CONDITION D		CAUSE	OF DEATH			ONSET AND
	mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if	ES				borel Gras	
DISEASES rise to fit UNDERLYIN	ANTECEDENT CAUSI OR CONDITIONS, if ne obove couse (A G CONDITION last.	ES any, giving () stating the	(B) LEA! DUE TO	CAMMA	ropy MA	ss SIGMOID	cevon
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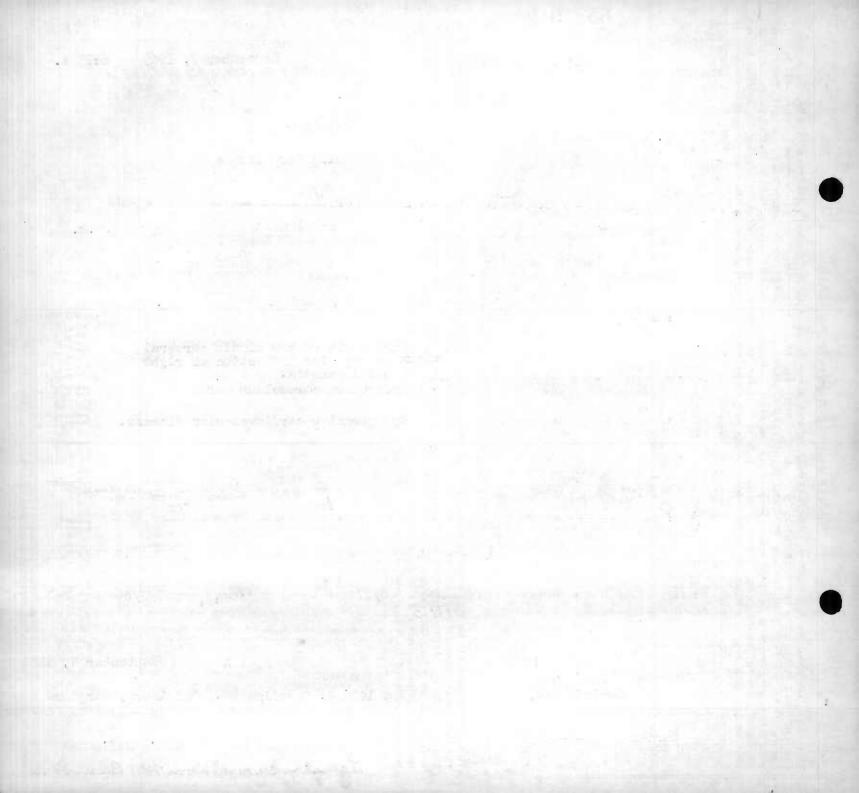


Harriand Chance Home and Hospital Raltimore 1218 Spring Ave. Male 2-22-97 89 Cause Married 14 returned Fed Reserve Block John A. Simon Murgard Harain Adonomicante of colon, & Hell hower percented and construct CACTO AGREET CARRENTANA OF CACON ALL Cofun Ja Pleaser

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. 2. DATE AND HOUR OF DEATH September 7, 1965 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
8. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If rural, give location) 4114 Mary Avenue 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. ost birthdoy Hours 83 12. CITIZEN OF WHAT COUNTRY? U.S.A. Unknown ADDRESS 212-18-9789D Mr Edward H. Snyder 4114 Mary Avenue INTERVAL BETWEEN ONSET AND DEATH (c) Hypertensive cardiovascular disease. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? and that in (my) (aur) apinlan death accurred an the date 238, DATE SIGNED September 7, 1965 1400 N. Caroline St., Baltimore, Maryland 24D. LOCATION (City, town, or county)

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

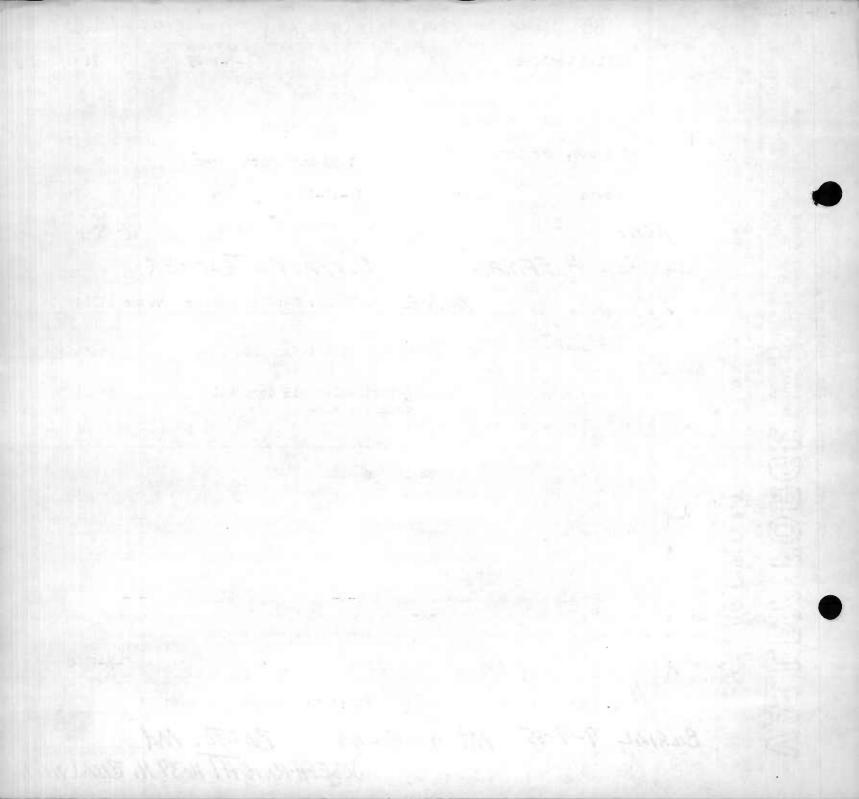


2-6	65 0404	ATE OF DEATH Registered No. 65 9191
F 5 1	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
2	(Type or Print) WELSH, ADELE H.	9-7-65 9:30 A
death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE B. COUNTY MARYLAND
to d	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	INSTITUTION	BALTIMORE 3
		D. STREET ADDRESS (If rurol, give location)
1	F ST AGNES HOSPITAL	1214 TUGWELL DRIVE
5	5. SEX 6. RACE T. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs
	FEMALE WHITE WIDOWED, DIVORCED (specify)	1-10-08 last birthday) Months Doys Hours Min.
Ĩ	(A) HELIAL OCCUPATION (Give hind of work 108 MIND OF BUSINESS OF INDUST	RY 11. BIRTHPLACE (State of foreign country) 12 CITIZEN OF
	done during most of working life, even if retired) HOUSEWIFE CLERK AUTO SUPPLY	PENNA. WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HARRY HOLZ	MARY BOHL
10	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT WILKINS AVES. 21229
ľ	No.	ST AGNES HOSPITAL RECORDS. CATON AND
-		OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	on rephroma Rt Kidney & 4-65 - 9-7. Metastatic Lesions.
ŀ	(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease,	Metastatic Lesions.
ŀ	injury ar camplication which caused death.)	
#	ANTECEDENT CAUSES (8) DUE TO	A TOUR COMMITTEE
ı	DISEASES OR CONDITIONS, if any, giving	
l.	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
	l l	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
I	DISEASE OR CONDITION CAUSING IT.	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		p, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?
1	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY	/hile
	(APPROX.) Work At Wo	ork
	22. I certify that (I) (this hospital) attended the deceosed from	
	that (1) (we) last saw the deceased alive on 9-7-	19 65 and that In(my) (aur) apinian deoth accurred an the da
	and haur and from the causes stated obave. (1) (We) (did) (did nat	
	23A. SIGNATURE	23B, DATE SIGNED
	Carl on MITTAGE M.D.	Attending Med. Stoff Phys. 9-7-65
	23C. PHYSICIAN'S	23D. ADDRESS
	NAME (Type) CARL MATTHEY	ST AGNES HOSPITAL, BALTO.29, MD.
2	24A. MANUAL CREMATION, 24B. DATE 24C. NAME of COMMENT OF CO.	
1	(Specify)	DI Balt no 11
10	- Remotion Sept 7/90 Toudon	25C. BUNERAL DIRECTOR ADDRESS
-	SEP 8 1965 P. O. F. E. Falleyma	SC. PUNISKAL DIRECTOR
	Stock - 1 - 1 - 1	Mary of eneral Itamy Clot Tuber 1
V	VS 150-REV. 1/1/65	

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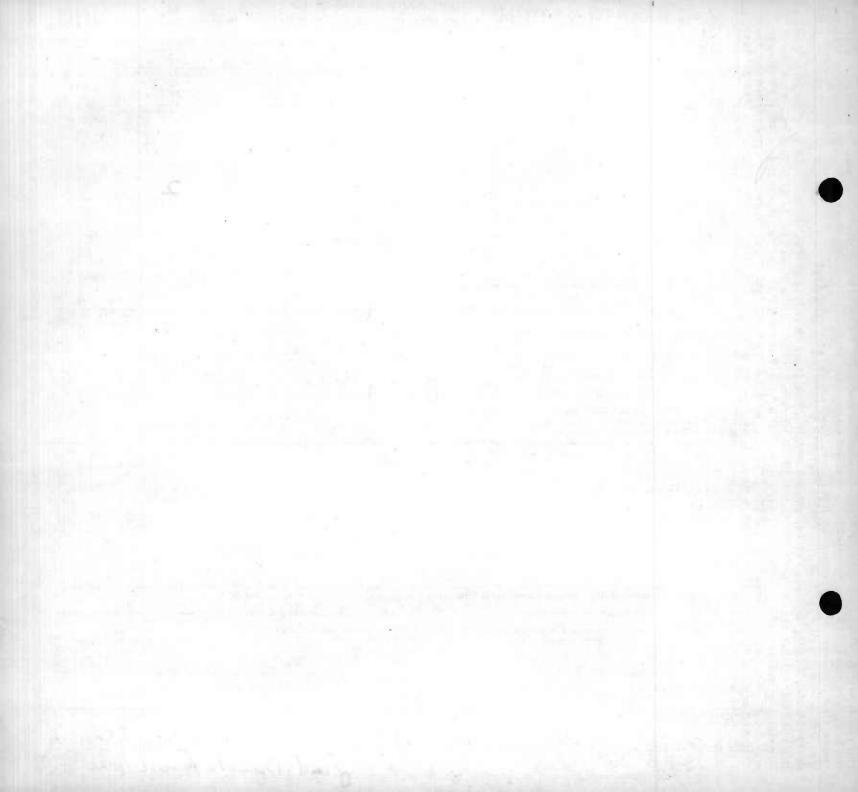
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BIRTH NO. 9193 MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No. 9193
M.E. CASE NO.	
1. NAME OF DECEASED BOOKER T. RICE	2. DATE AND HOUR PRONOUNCED DEAD
	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) B. COUNTY
William Sacrimond Marketing, William Individual Strip	A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore 7-09
25	D. STREET ADDRESS (If rurol, give locotion)
Hopkins Hospital	1523 N. Aisquith St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 25
TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foleign country) 12. CITIZEN OF WHAT COUNTRY?
YABOREK INTERTACE CORP.	S.C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES KILE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give woi or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO. 251-56-6207	FANNIE CROSKY 1948 TATIER SON PARK
IB. E 9 / iX CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot	t wounds of chest, involving lung,
	ilmonary artery and aorta
injury or complication which coused death.)	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH RIT NOT BELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	yes IN CERTIFYING CAUSES OF DEATH?
√ 21A, EXTERNAL CAUSE WAS	fice bldg INLIPY OCCUP?
UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, of etc.)	1011 N. Broadway
21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 9 5 65 2:35 am. WHILE AT NOT W	WHILE Exshot in chest
22.	opsy x and that on this basis, death in my opinion
resulted from: Notural couses Accident Suicide	
resulted from: Noturol couses Accident Juicide	CHIEF MEDICAL EXAMINER
ACTUAL While is 15	DATE SIGNED
SIGNATURE M.D. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9/5/65
NAME (Type) Werner U. Spite, M.D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Buried	BLACK STOCK S.C.
24A. DATE REC'D BY HEALTH DEPT. 24R. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SEP 8 1965 P. O. H. E. Farber M.	JOSEPH KNIGHT 1639 N BROAD WAY
VS 151-REV. 1/1/65	o o ? o o

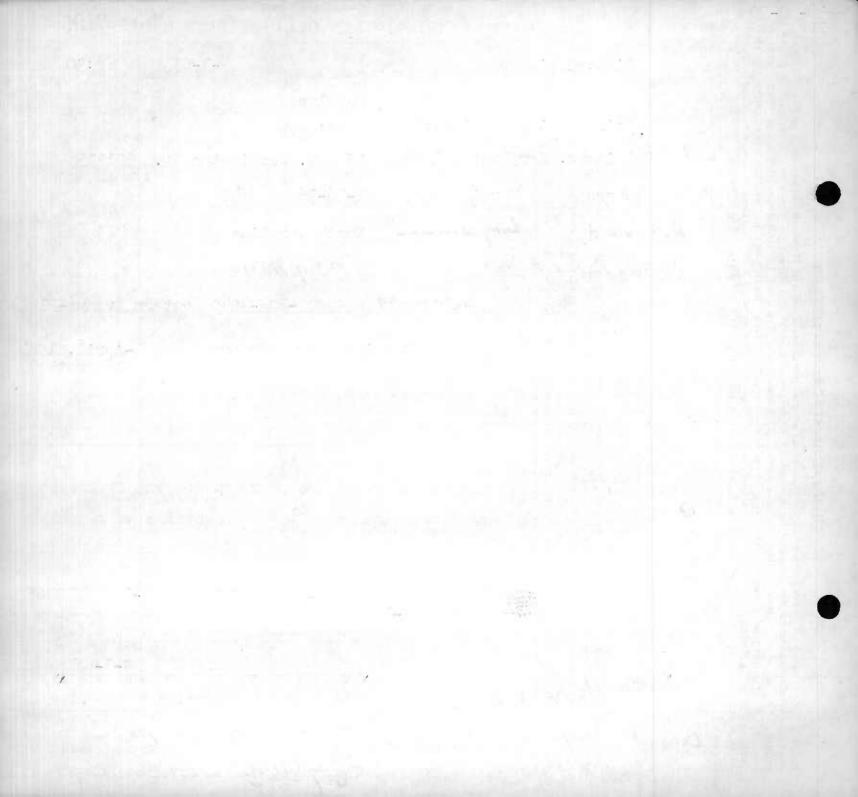
NEWS PROBLEMS TO STAND STANDS WATER

1 2	3(BALTIMORE CITY HEALTH DEPARTMENT	0.500.4
1	200-	BIRTH NO. 65 9194 CERTIFICATE OF DEATH Registered No. 65	9194
and	Deceased e on the ath. Such	1. NAME OF DECEASED (Type or Print) (1) (CMD POST ON 2. DATE AND HOUR OF DEATH 9.57 RM 9.	15/65
	the co	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	: residence before odmission)
hospit	de de de	FULL NAME OF (If not in hospitol or institution, give street OC. CITY OR TOWN (If outside city limits, write RURAL)	O-C
0	_ 0	BAITMORE 18	-, M.J.
	ar att prior	UNIVERSITY HOSPITAL D. STREET ADDRESS (If rurol, give locotion)	-07
0	determined ca in regular at deceased prior	MIDOWED, DIVORCED (specify) 2/6/13 lost birthdoy 52 Month	der 1 Yr. If Under 24 Hrs. Sis Doys Haurs Min.
+	Indete s in dece	SANCE 61ASTER DARILWSTON, SIC,	HAT COUNTRY?
N 11	th was in the dec	13. FATHERS NAME BEN BOSTON. 14. MOTHERS MAIDEN NAME/ Ben/Ah TIMM	on S
IMPORTAN'	kind; death ince on final di	15. Was Deceased Ever in . U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT WIFE (ELIZIA (1ett))	SAMP
O 8 %	ndo	DISEASE OF CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
IM or h	noun afte	LEADING TO DEATH (This does not mean the made at dying, e.g., DUE TO	5 years
	fractur o pror gular embal	heart failure, asthenio, etc. It means the disease, injury ar camplication which coused death.)	3 40 405
DIRECTOR:	A P P	DISEASES OR CONDITIONS, if any, giving	7
S S	S = = 2	rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	
AL	y burns; (physicial ian was e remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNER IS CHIEF I	Body the ysici e the	19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of Not) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NOTION OF THE PROPERTY OF	es
- E.	No No	OR CONTRIBUTING CAUSE OF CELL, form, factory, street, office bldg., INJURY OCCUR?	give exact location)
oved b	pt v (6) (6) ned	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.) While At At Work (APPROX.)	952 pm.
approd D	0 0	22. I certify that (I) (this hospital) attended the deceased fram SPT 5,1965 (ASM to 1,5) that (I) (we) last saw the deceased alive an 957 AM 1975/65 and that in(my) (compaphilan deceased)	eath accurred on the date
9	dent of ospital death);	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
# nest	0.5 5 6	23A. SIGNATURE Attending Med. Stoff Phys. Attending Med. Director Phys. Attending Med. Phys. Atten	ATE SIGNED
ificate	Was rei 1) An acc 3.A. at a l d prior to approval	23C. PHYSICIAN'S NAME (Type) PAN J. BALDWIN M.D. 23D. ADDRESS NAME (Type) PAN J. BALDWIN M.D. WIVI 105 P	
-	3.0.A Sed p	REMOVAL (Specify)	n, or county) (Stote)
nis ce	shows: (1) was D.O./ deceased	SEP 8 1965 PLANT CALLER SEPT. 258, NAME OF REGISTRAN 25C. FUNERAL DIRECTOR SEP 8 1965 PLANT CALLER SEPTEMBERS	ADDRESS ADDRESS
F	- W 3 to 3	VS 150-REV. 1/1/65	Home J.C.



VS 150-REV. 1/1/65

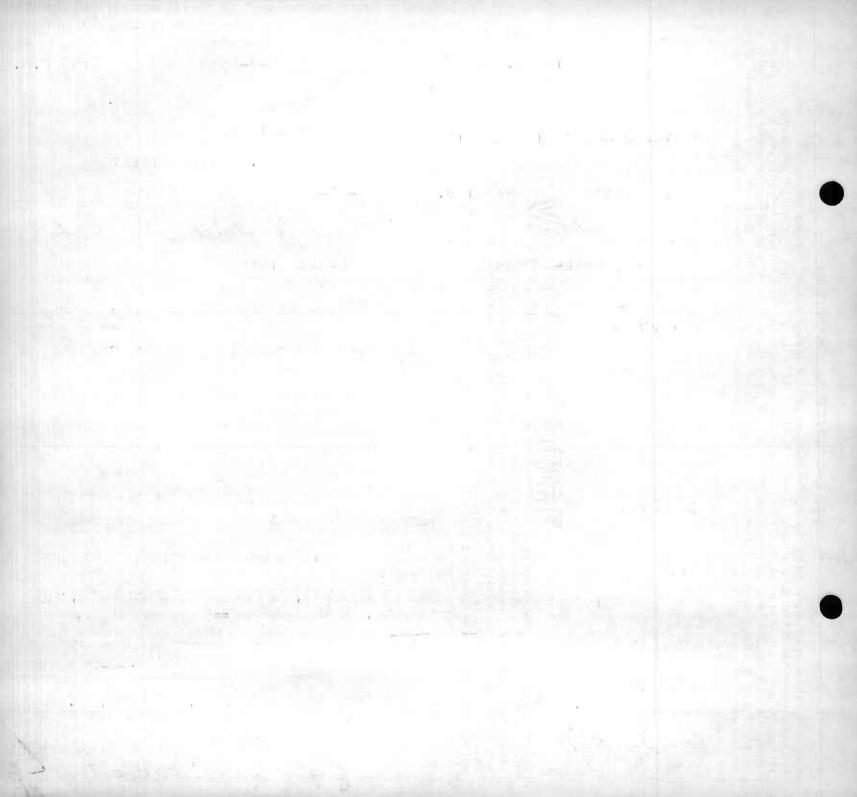
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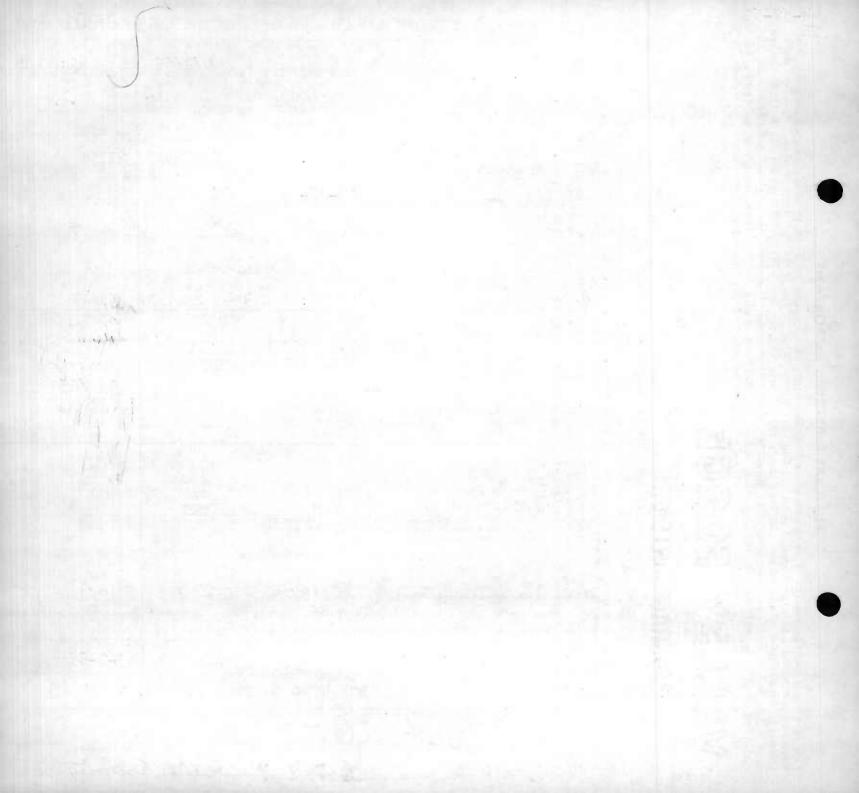
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BALTIMORE CITY	HEALTH DEPARTMENT		· ir	0400
CERTIFICA	TE OF DEATH	Registered No.	65	9199
	2. DATE A	ND HOUR OF DEATH		
7M1	9.4.	65 -	7. (5.55 A.M.
11 No. 11	4. USUAL RESIDENCE (Wh	ere deceased lived. Il in	stitution: reside	ence before odmission)
us skost	A	1/ -	-18	
	C. CITY OR TOWN (If o	utside city limits, write	RURAL ond gi	ve township)
·L	BALT HYORE	-/		
	3714 FLOY	MERTON RO	かかつ.	
NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs. ys Haurs Min.
Test-	6.15.16	48		
BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN	OF COUNTRY?
	Va			sA.
	14. MOTHER'S MAIDEN NA	AME		
	AMFIIA			
1 6. SOCIAL			АГ	DORESS
SECURITY NO.	na	11	1	11.
217-21-9138	Collysmi	UL 1578C	hespe	yea U
CAUSE O	F DEATH		ON	ERVAL BETWEEN SET AND DEATH
24	Enrich Port	UMARIA	1.0	days.
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DUE TOU	, 0			
(C) 60	· cinema of s.	temach.		o quo a a a annoquia a a a a a a a a a a a a a a a a a a
HICH OPERATION	1 20A. AUTOPSY? (Yes or h	o) 208. IF YES, WERE	FINDINGS CO	NSIDERED
cinemo of Stornac	a. NA	IN CERTIFYING CA	USES OF DEA	TH?
PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give ex	xact locotian)
, torm, tactory, street, o	mice bldg., INJURY OCCUR?			
INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
le At Not Whi	le r			
		. 0	11 /	
			nian death a	accurred on the dote
(We) (did) ()	view the body after death		-1	TIETA CULL
		e. "	23 B. DATE S	
M.D. Att.	eriding Med. Director	Staff Phys.	9.4	.65
	23D. ADDRESS	was the his		The state of the s
M.D.	Much	Sign Office And	4	
ME of CEMETERY or CR	EMATORY 24D.	LOCATION (C	ity, tawn, or co	aunt/) (State)
K.A.	7.1	Par 11th	man	X
F REGISTRAR	25C FUNERAL DIRECTO	OR C	1/0	ADDRESS
2. Olan Galler	Policy DI	hellon in	180	An Do
TAVERSI MODEL		3/ 1/07/11 / /////	I WELLA	TY VOIA (/CX
	CERTIFICA We street NEVER MARRIED DIVORCED (specify) Tell- BUSINESS OR INDUSTRY CAUSE OF INJURY (e.g., i) form, factory, street, o INJURY OCCURRED At Wark e deceased from (We) (did) (Me) M.D. ME at CEMETERY at CR	We street 4. USUAL RESIDENCE (What A STATE B, COUNTY ART AND C. CITY OR TOWN (If of BALT IYOUL) D. STREET ADDRESS (IF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or for Watch A SECURITY NO. 14. MOTHER'S MAIDEN NO. 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT CAUSE OF DEATH (A) BRONCHO PRESS (B) Leff-Sul Lightray (C) CONCINENT STREET ADDRESS (C) CONCINENT STREET ADDRESS (B) Leff-Sul Lightray (C) CONCINENT STREET ADDRESS (C) CONCINENT STREET ADDRESS (C) CONCINENT STREET ADDRESS (B) Leff-Sul Lightray (C) CONCINENT STREET ADDRESS (B) Left-Sul Lightray (C) CONCINENT STREET ADDRESS (ME) (did) (STREET STREET ADDRESS (ME)	CERTIFICATE OF DEATH Country Co	CERTIFICATE OF DEATH Registered No. 6.5 M 2. DATE AND HOUR OF DEATH 9. 4. 6.5 M. USUAL RESIDENCE (Where deceased lived. II institution; reside in the second lived. II institution; residence in the second lived. II instituted lived. II instituted. II instituted lived. II instituted live

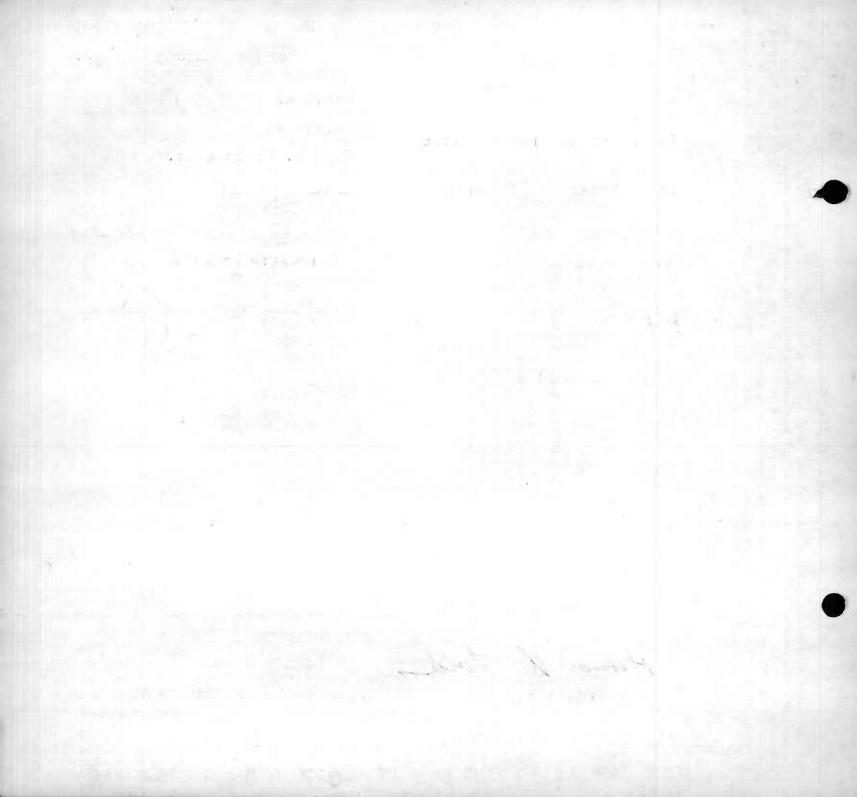


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in psphal and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing gauge of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeferhined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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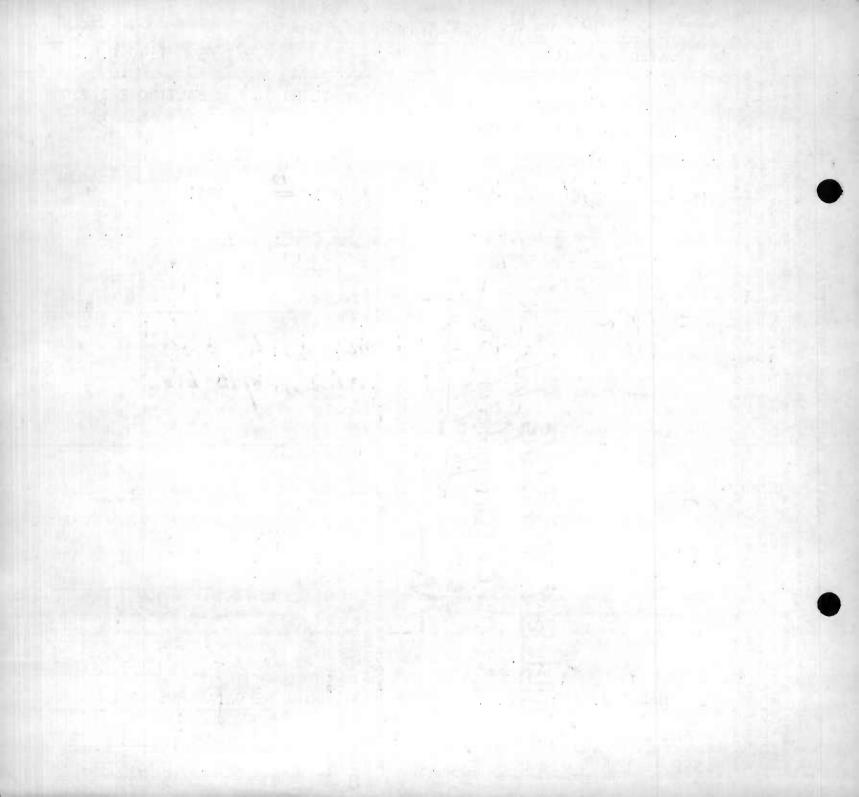
	CE OS	000	Y HEALTH DEPARTMENT		
BIRTH NO.	63 34	CERTIFICA	TE OF DEATH	Registered No.	65 9202
M.E. CASE NO.	EASED		2. DATE AL	ND HOUR OF DEATH	
Type or Print)	CAPERS, BIL	LIE	9717		
PLACE OF DE	ATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	nstitution: residence before admis
FULL NAME C		stitution, give street	MARYLAND		000
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
2 Tue	Janua Hankin	c Hochiza	D. STREET ADDRESS (IF	rural, give location)	
5 THE	JOHNS HOPKIN	S HUSPITAL	2630 E. FE		
SEX	6. RACE 7. N	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If I nder 1 Yr If I nder 24
MALE	NEGRO	MARRIED (specify)	4-20-24	lost birthdoy) 41	If Under 1 Yr. If Under 24 Months Doys Hours M
		KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF
one during most of	working life, even if retired)		butt On	2	WHAT COUNTRY?
FATHER'S NA	yshoomour-		14. MOTHER'S MAIDEN NA	ME	M. A. A.
DAVID	CAPERS		ELIZABET	H MEEKISH	
. Was Deceased	Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dates of				1
10	ru	CAUSE	F DEATH CAY	eus e	Jamel
18. 4- 4	6 X				ONSET AND DEATH
DISEA	SE OR CONDITION DIRECTL LEADING TO DEATH	N	ephrosclerosis		5 mo
	not meon the mode of dyin		000000 00000 00000000 0000 000000000000		
	osthenio, etc. It meons the application which coused deat	h.)			
	ANTECEDENT CAUSES		Hypertension		
DISEASES O	OR CONDITIONS, if any,	DUE TO			
rise to th	e obove cause (A) stati	ng the (C)		aaosa bs es es es eso aaaa coo boosea ver-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ONDERLIN	G CONDITION lost.				
TO THE D	IFICANT CONDITIONS CONTI				
19A. DATE OF	CONDITION CAUSING IT.		20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
	WAS PERFORM	MED	No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
,			215 112 112 112		
OF INJURY	(Month) (Doy) (Year) (Ho	While At Not Wh	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)		Work At Work		L.T.	
22. I certify	that (1) (this hospital) att	ended the deceased from	3/26/65	.19to9/	1/ 1965
that (1) (we)	lost sow the deceased of	ive on 9/1	19 65 ond th	not in (my) (our) opi	inion deoth occurred on the
and hour an	d from the couses stated o	bove. (I) (We) (dld) (did not)	4 *	- Tables	
23A. SIGNATU	JRE /	1111			23 B. DATE SIGNED
	Herman 11		tending Med. Director	Stoff Phy s.	9/1/65
23C. PHYSICIA			23D. ADDRESS		
He	rman K. Gold	M,D	Johns Hopkins	Hospital E	Baltimore, Md
4A. BURIAL CRE	MATION, 248, DATE	24C. NAME of CEMETERY or CI	REMATORY 24D. I	OCATION (C	ity, town, or county) Alio
REMOVAL		- n+0 1 /	7. A-	n An	2.0
1suice	9/6/19/S	NAME OF REGISTRALY	Oux Juneau Diago	Sworker	u me
5A. DATE REC'D	DI HEALIN DEPIP 258.	NAME OF REGISTRAR	25C SUNERAL DIRECTO	1 1 0	ADDRESS
SEP 8	1965 10 1	S. FAYOURA O	Course !!	Bland UTA	Branly W
'S 150-REV. 1/1/	65	1		79	



			BALTIMORE CITY	HEALTH DEPARTMENT	65	9203
BIRTH NO.	65	9203	CERTIFICA	TE OF DEATH	Registered No	0,300
M.E. CASE	E DECEASED	a a			ND HOUR OF DEATH	
Type or Pri	ni) Loa	ise W	ifferen		3-60	1100
3. PLACE	OF DEATH IN BALTIMOR		7	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	ilitution: residence before admission)
				A. STATE B. COUL	D B.	7
HOSPITA	L OR address or	ospitol or institutio location)	n, give street	CITY OF TOWN	utside city limits, write R	URAL and give township)
INSTATUT	TION	. 11	- 1	Baltin	uside chy limits, while k	one give lownship)
201	well Ho	me of the	espetal	D. STREET ADDRESS (III	rural, give location)	00
00				5-23 3	Canlie	57
S. SEX.	6. RACE	7. MARRI	ED, NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr (f Under 24 Hrs.
I	C	1 1	VED, DIVORCED (specify)	11-10- KFA	lost birthdoy)	Months Doys Hours Min.
OÀ. U SU AL	OCCUPATION (Give kind		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12, CITIZEN OF
lone during	most of working life, even if r	etired)				WHAT COUNTRY?
une	uplayed			Untron		USA
3. FATHER	SNAME			14. MOTHER'S MAIDEN NA	ME	
-	eup	upui	Market and the second s	anna p	sant	
S. Wos De	nknown) (If yes, give wor	or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Rose	Lillerar	Mullin	11/20
18.	I HAY		CAUSE C	<u> </u>	1000	INTERVAL BETWEEN
- 1	DISEASE OR CONDITIO	N DIRECTLY	1	1	10	ONSET AND DEATH
	LEADING TO D		Les for	er/ sucumor	na, bel.	
	does not mean the ma			72/1/04 /50	es Dt. 1	call.
	failure, asthenia, etc. it ar camplication which o		se,	2570 2 200	a elistem	seguer.
	ANTECEDENT CA	AUSES	(B)			
DISEA	SES OR CONDITIONS		DUE TO			
	ta the above cause					At The State of th
UNDE	RLYING CONDITION in	st.				
~	II.					
	R SIGNIFICANT CONDITION THE DEATH BUT NOT					
	SE OR CONDITION CAU	SING IT.		100 A	N 000	
19A.D		AS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED
E 21A A	CCIDENT WAS HINDER!	anc 🗆	DIR BLACE OF MULIPY/		(16 :- D-16:	City is a second leave to
_ OR CO	CCIDENT WAS UNDERLY)F	21B. PLACE OF INJURY (e.g., inome, form, foctory, street, o	ffice bldg., INJURY OCCUR?	ilt in Boltimore	City, give exact location)
U	(notify medical examiner)		etc.)			
OF INJ		(Year) (Hour)	TE INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPRO			While At Work Not Whi			
22 1	- Att Abra (1) (Abra ba				1965 to 9-	36-
	certify that (I) (this ho		0 -	1		19 6,
1) (we) last saw the de					ion deoth occurred on the date
		s stated above	. (i) (We) (did) (did nat)	view the bady after death.		
23A. SI	GNATURE					23B. DATE SIGNED
2	Shraim	- 13.0	2 and a Ra Phy	ending Med. Director	Stoff Phys.	9-3-45
	INSICIAN'S		8	23D. ADDRESS		
1	Enhanim	B. R.	A PZ n c n M.D.	CHURCH HON	n = b 11	BAITO 31, m.
24A. BURIA		ATE 24C	NAME OF CEMETERY OF CR	EMATORY 24D. I	LOCATION ICIN	y, town, or county) (State)
	VAL (Specify)	10	helm 1	1-	B 61	h.0
7/7	119603 134	mat/	I canays	Cu 1	MORREM	/re
SE SE	TREC'D BY HEALTH DEPT	2SB. NAM	E OF REGISTRAR	25 UNERAL DIRECTO	R O	ADDRESS
J.C	P 8 1965 R	obeit &.	Jansey Florence .	altour Ul	Moon 18	to Dunteyte
			Fall			

Maryland , Baldon Balline Dunch How & Hospital 523 3 Cambra 57 16 218-01-11 automi Usa monglazed ann park - washing tillion Willer West Liter frammone 64. Epinom 1 says " The said EPHRAIM P. BARZAGA CHURCH HOME & HOLD - PALICE STE

V\$ 150-REV. 1/1/65



24C. FUNERAL DIRECTOR

arrellsville ma

248 NAME OF REGISTRAR

24A, DATE REC'D BY HEALTH DEPT

VS 151-REV. 1/1/65

and the section of the last th A.S. W Bandy S. 1128 region survives inch Alapi, asiesum con existant . Sagan filo el-dis of Sartan 19/1/1965 It. Ignative

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a marketings BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

the chief medical

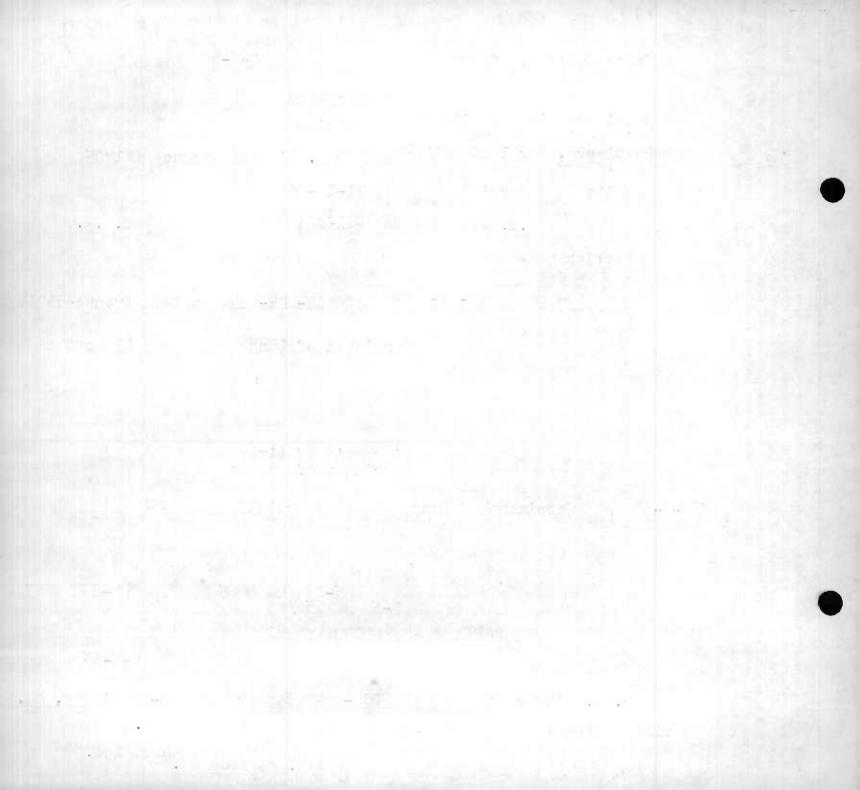
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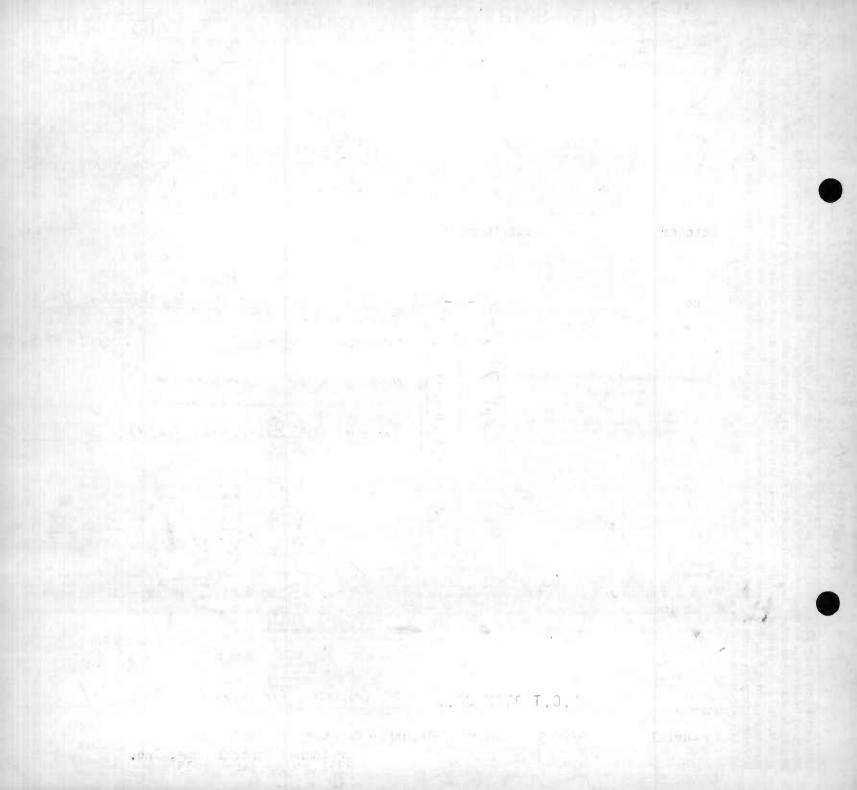
V\$ 150-REV. 1/1/65

and

(If outside city limits, write RURAL and give township) If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (per) apinion death accurred an the date 23B. DATE SIGNED (City, town, or county)

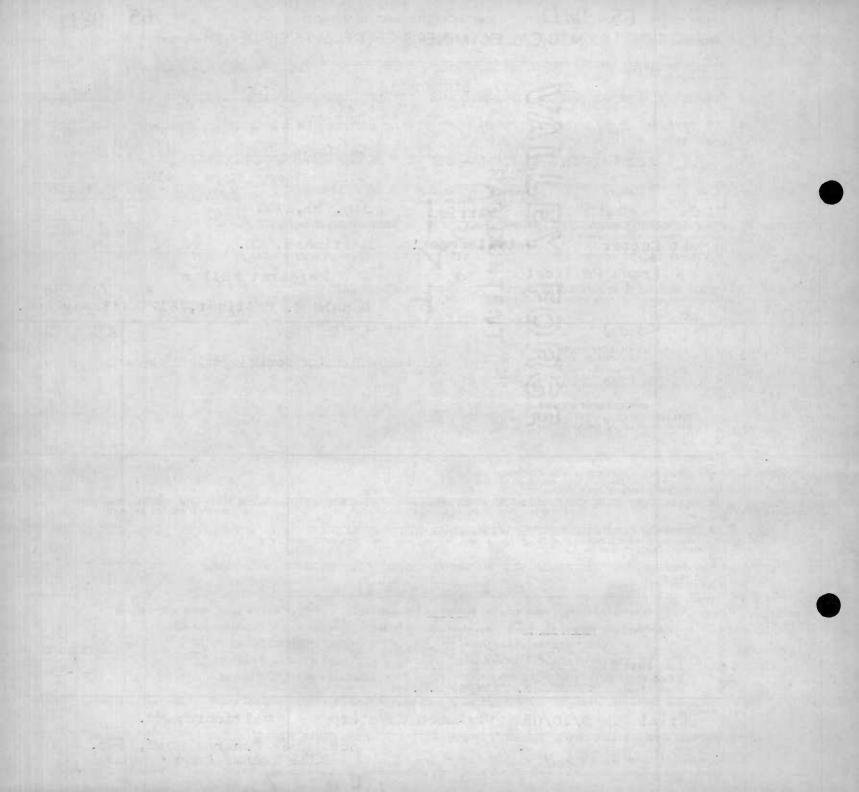
9/23/65 - Precuronia secondary to-Bronchogenic Conceroma -Lee letter from Line Koop -Filed in Bur of Bioschilotics - Onewoon Bldg.





65 9211

BIR	TH NO.	WED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF I	DEA I H Registe	red Na	
	E. CASE NO.	TEASED				DATE AN	D HOUR PRONOUNC	ED DEAD	
(Ťy	pe or Print)		. ananan	DELLICON				ED DEAD	10.4E A
	PLACE IN BALT	JOHN IMORE MARYLAND, W (IF NOT IN HOSPITA	HERE PRONOL		Maryla	nd	B. COU	MY	10:45 A M. ence before odmission)
HC	STITUTION	OHNS HOPKINS	(TION)		Baltim		corporate limits, write	RURAL on	d give township)
3	64	omis noralis	HODILIM	DOLL		cElderry		1205	
	Male	6. RACE White	WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIE		9. AGE (In years lost birthday)	If Under Months	T Yr. If Under 24 Hrs. Doys Hours Min.
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BALTIMORE CITY HEALTH DEPARTMENT

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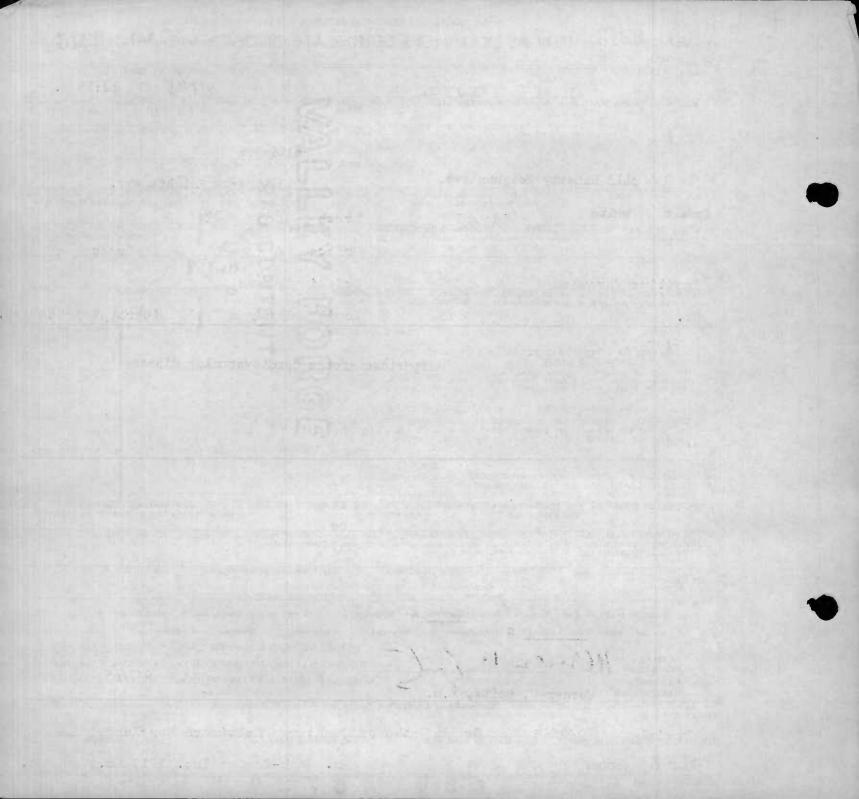
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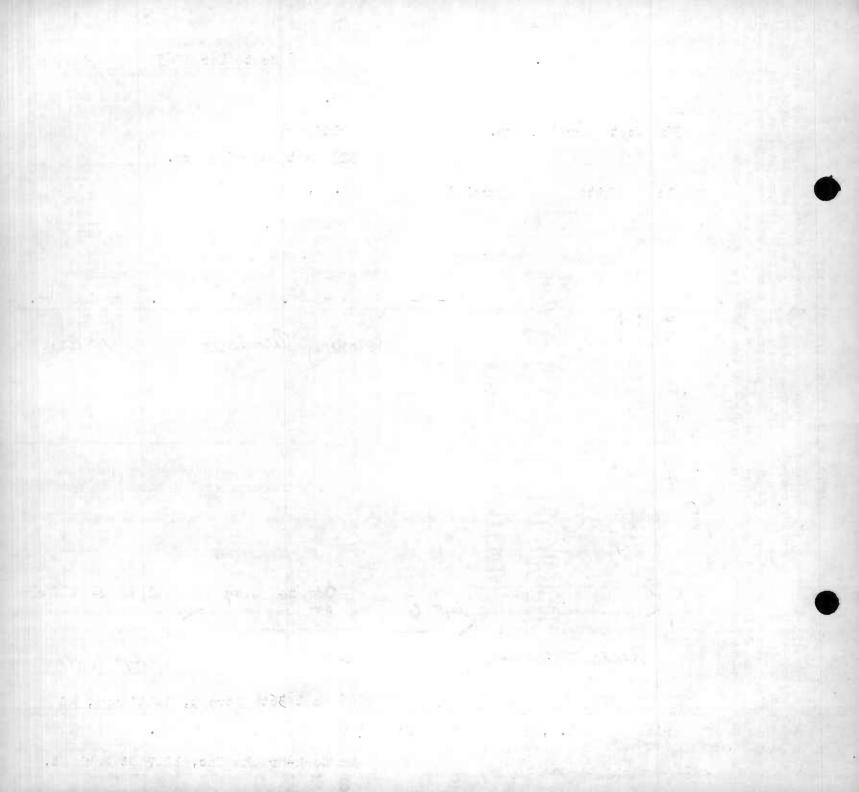
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(Type or Print)	ATHIN	Α	KALANDROS		Z. DATE AN	9/7/65	
3. PLACE IN B	ALTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAI	RESIDENCE (Where	deceased lived. If inst	titution: residence before odmission) UNTY
FULL NAME O	F (IF NOT IN HOSPIT.	AL OR INSTITI	JTION, GIVE STREET	11	Maryland		e RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITY	OR TOWN (If outsid	e corporate limits, write	e RURAL ond give township)
					Baltimo	re	13-38
07				D. STREET	ADDRESS (If rurol,	give location)	
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done during most	of working life, even il retired)			0			WHAT COUNTRY?
13. FATHER'S N	AME			14. MOTH	ece ER'S MAIDEN NAM	E	Greece
Ignat	ius Vavoulas ASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORM	okia Isyho	08	ADDRESS
(Yes, no or unkno	wn) (If yes, give wor or dole	s of service)	SECURITY NO.				
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SEP &	B 1965 (P.O.	A S F	Car H W	Wn	. Cook-Br	ooks Inc.	1217 StanBaul St.
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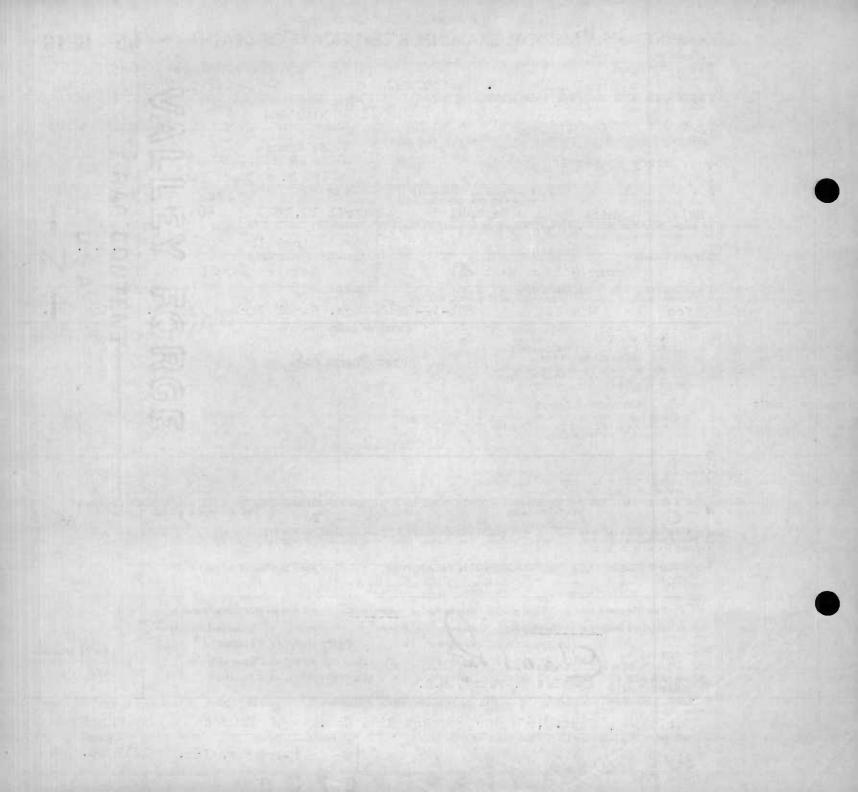
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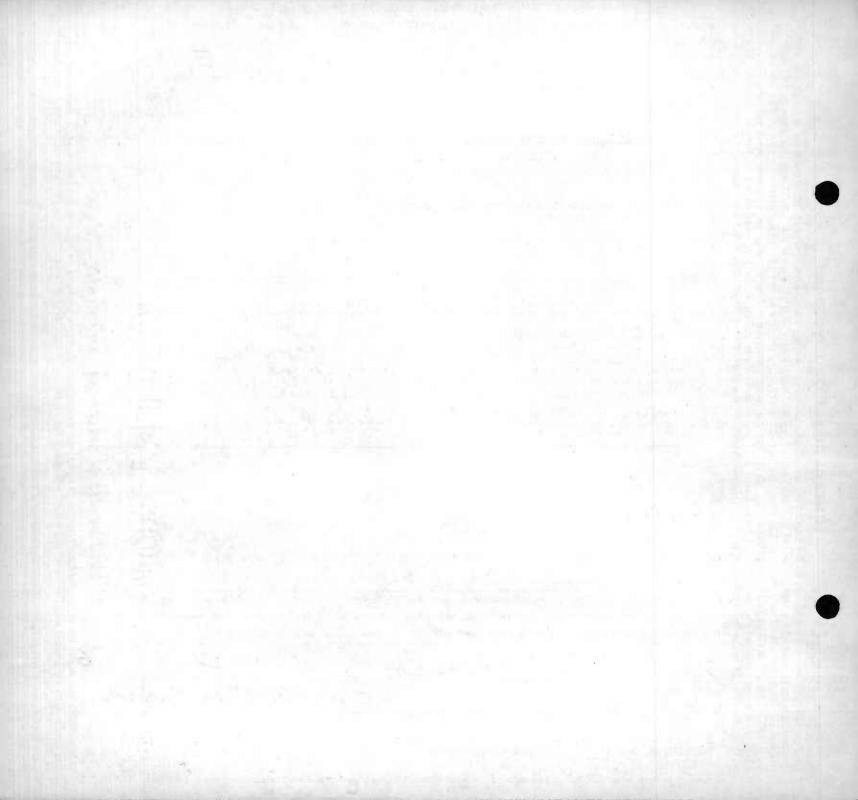
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	ıle	6.RACE White	WIDOWED, Sep	NEVER MARRIED DIVORCED(specify) arated	April 10	,1919	AGE (In years s1 birthday) 46	Months Doys	If Under 24 Hrs. Hours Min.
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(Yes, n		O EVER IN U.S. A (If yes, give wor o	r dotes of service)	16. SO CIAL SECURITY NO. 231-12-5282	Mrs. Ha	azel Forbe	s 331 S	Address 5. Taylo	21221 or Ave.
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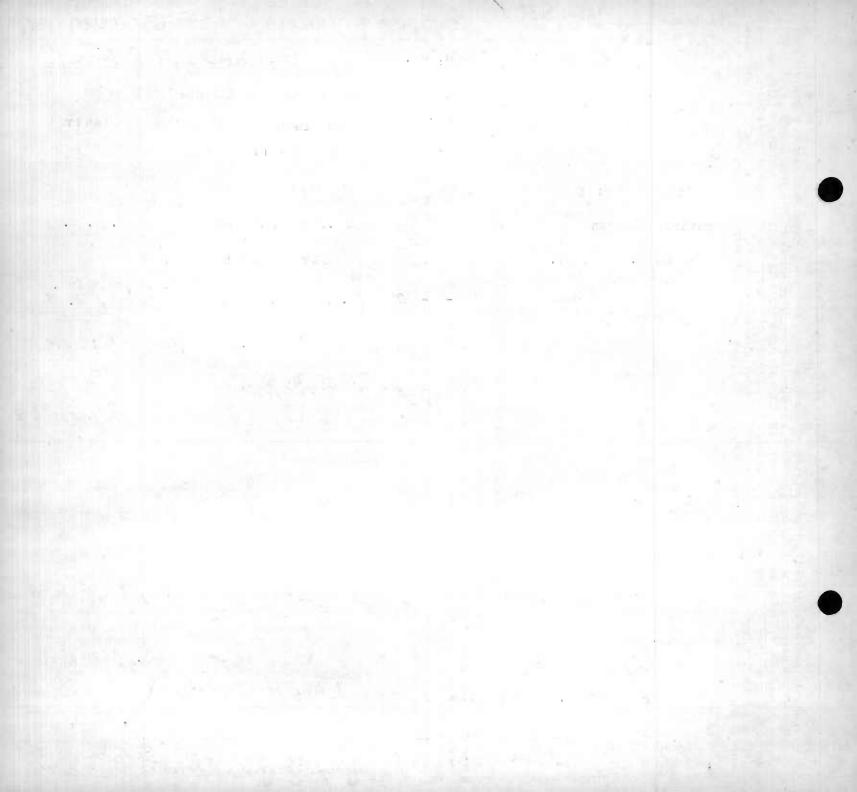
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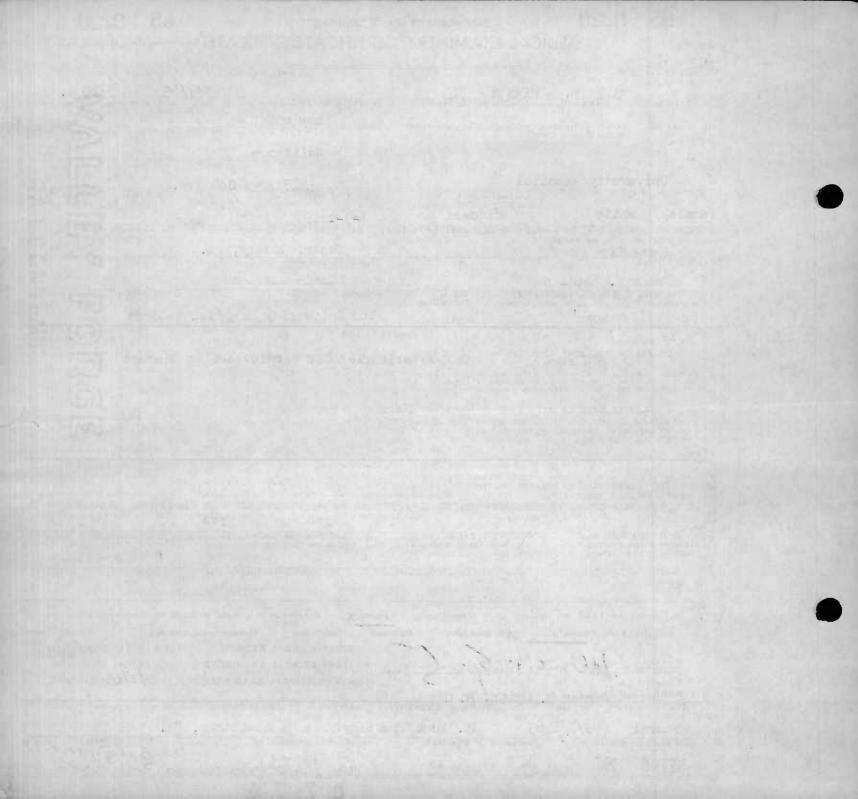


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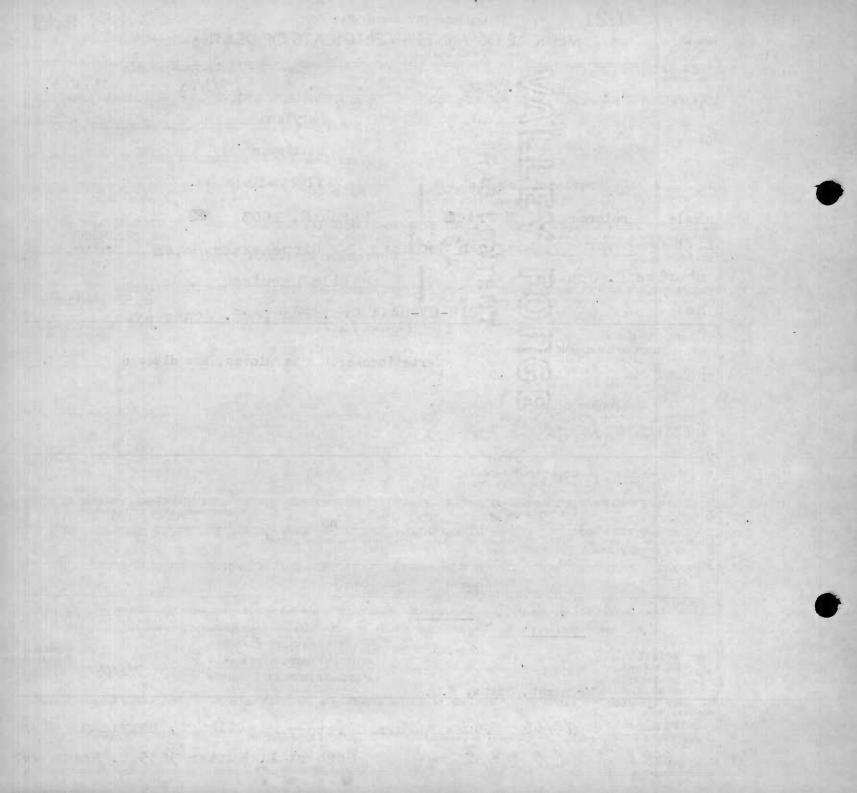
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R MARRIED C. CITY OR TOWN III outside corporate limits, write RURAL and give Baltimore D. STREET ADDRESS (If rurol, give location) 2252 Madison Ave R MARRIED CED (specify) March 8 1903 NESS OR INDUSTRY 11. BIRTHPLACE (Side or Identify counts) Smelting Glouchester Co, Va 12. CITIZEN OF WHAT COUNTS WHAT COUNTS 4. MOTHER'S MAIDEN NAME 1.ila Harrison CURITY NO. 5-03-8444 Mrs. Fannie E. Jones Ave CAUSE OF DEATH (AArteriosclerotic cardiovascular disease	If Under 24 Hrs. Hours Min. FF UNTRY? A A A A A A A A A A A A A
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ASSOCIATE MEDICAL EXAMINER	
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it Auburn Cometon Baltimore, Maryland	nd
GISTRAR 24C. FUNERAL DIRECTOR ADDRESS	ESS
Herbert E. Nutter 3035 W. No	North Av
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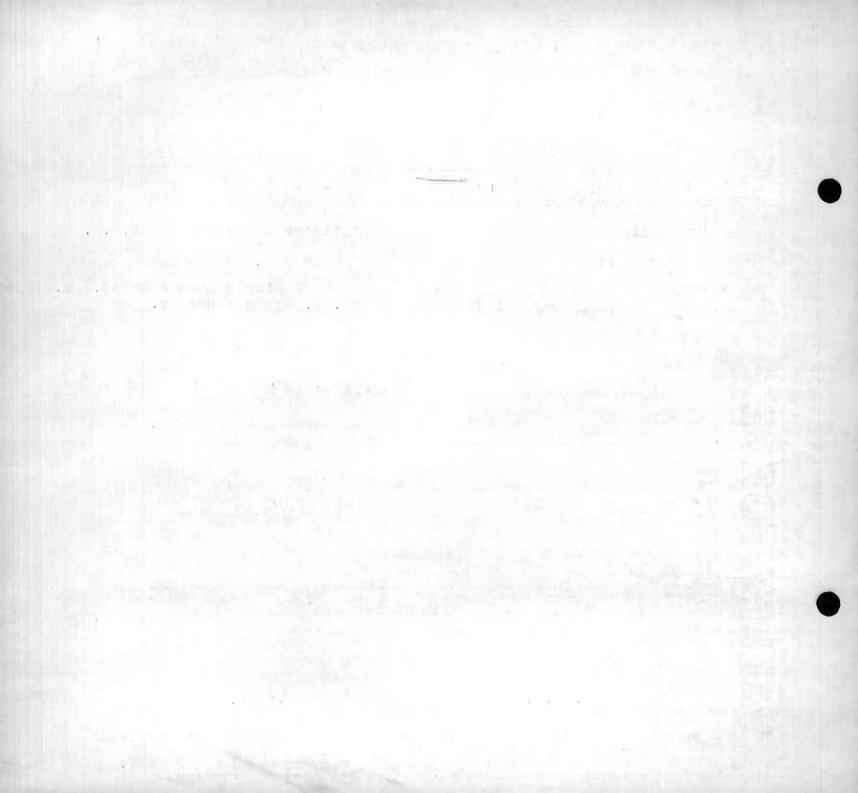
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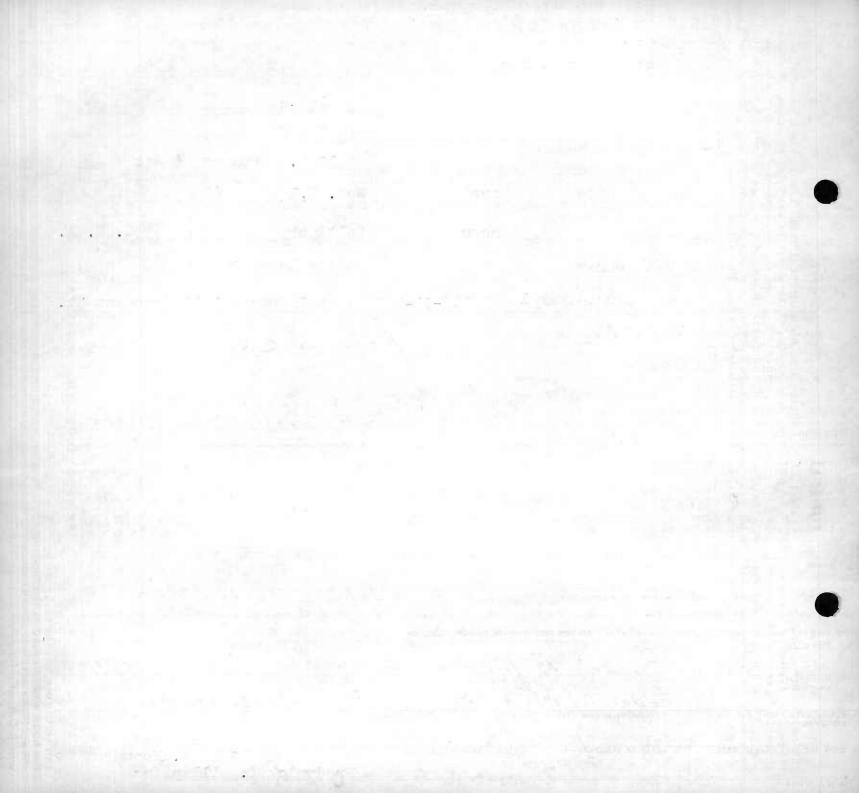
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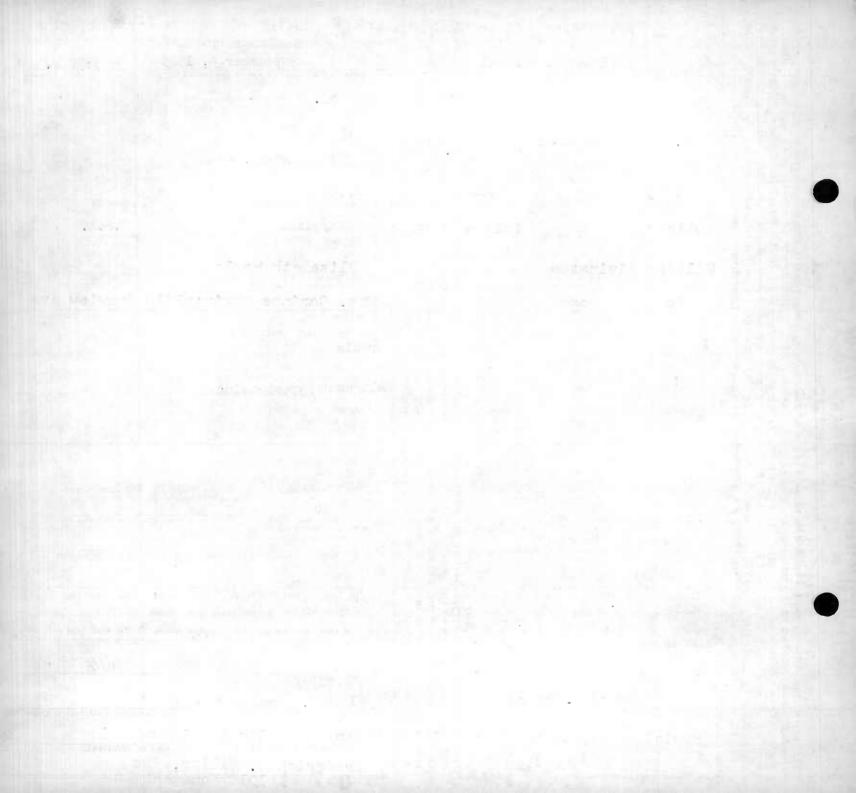
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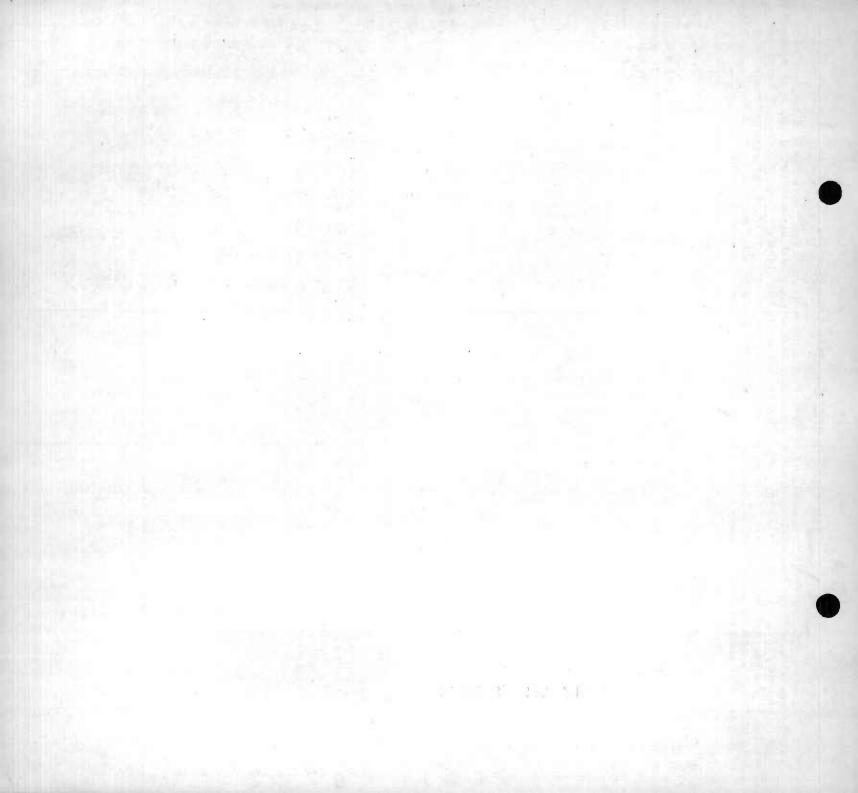


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Type or Print)		hnan			4	101 1 1.104
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FULL NAME OHOSPITAL OR	F (If not in hospital oddress or location		give street	c. Maray land (If ou	tside city limits, write l	RURAL and give township)
211	17	1		Baltimore		
5 & Thre	s Hojekini 1	Horse	Cal	D. STREET ADDRESS (IF	rural, give location)	
()		/		2813 E. Mon	ument Stre	eet
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Male	White		n, DIVORCED (specify)	Nov. 7,1895	lost birthdoyl	Months Doys Hours Min
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	Ever in U. S. Armed For	cas?	1 6. SOCIAL	17. INFORMANT	T. C	ADDRESS
es, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.			
Yes	World War	T	219-32-082	Isabel Buhn	er 2813 Mc	onument St.
18. 11. 11	3 X I		CAUSE O			INTERVAL BETWEEN
DISEAS	E OR CONDITION DIE	RECTLY			. >	ONSET AND DEATH
	LEADING TO DEATH		IN ART	TERIOSCL. C.	V. DISEASE	44ps.
	ial mean the made of		005 10			
	asthenia, etc. It means					
	ANTECEDENT CAUSES		(B)			
			DUE TO			
	OR CONDITIONS, if above cause (A)		(C) H	YPERTENS!	en	44/15
	G CONDITION last.			4	****************************	
	11					
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTIN	G			
	EATH BUT NOT RELA		lt de la constant de			
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
0	WAS PERI	ORMED		No	IN CERTIFYING CAL	USES OF DEATH?
21A. ACCIDEN	T WAS UNDERLYING		PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify	medical examiner	hom etc.		fice bldg., INJURY OCCUR?		
ا ا		(H- 1 01-	INITION OF COLUMN	0.5		
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)		Wh	ile At Not While			
22 Leastifu	that (1) (this hospital	\ sttended ti	ha danaged from Av	LNE	1961 ta SE	PT. 1965
			ne decedade ildili	1	7 10	fulling the second
that (I) (we)	last saw the decease	d alive on	JUNE 4	19 6 5 and th	at In(my) (our) apir	nian death accurred an the c
and haur and	fram the causes stat	red abave. (I	l) (Wa) (<u>did) (</u> did nat) v	iew the bady after death.		
23A. SIGNATU	RE	- 0				238. DATE SIGNED
1/2	1. 1	Ms	& h > M.D. Atte	nding Med. Director	Stoff	9/7/61-
23 C. PHYSICIA	NS.	1100	rny:	23D. ADDRESS	Phys.	7/1/05
NAME (T)	ype), _ A	1 0 -	4.4	1 / / W		BALMAY
BEI	V1 1 B, 17	OSES,	M.D. M.D.	748 N. LV	ZE RNE A	ve.
A. BURIAL CREA	MATION, 248, DATE	24C. N	AME of CEMETERY or CRE	MATORY 24D. L	OCATION (Ci	ty, town, or county) (State
REMOVAL (S			1.0			
Burial	9/9/65	Ba	ltimore Nat	ional Fr	ederick Ro	MpnumeAt St
SA. DATE REC'D	8 1965 7 0	EL DAME	Carried in 18	25C. FUNERAL DIRECTOR	3019 E. I	Monument
₩ I	0.00	-	1 5 6 5		Miller	
S 150-REV. 1/1/6	35		and the	0/11		



1152			BALTIMORE CITY	HEALTH DEPARTMENT	NT	05 0000
IRTH NO.	65 9996		CERTIFICA	TE OF DEAT	H Registered Na.	65 9226
NAME OF DE	CEASED				TE AND HOUR OF DEATH	
Type or Print)		MTTTADI	0		ptember 6, 1965	0.20.0
PLACE OF DI	LIVINGSTON,	RYLAND	J	4. USUAL RESIDENCE	(Where deceased lived, If inst	titution: residence before admission
				A. STATE 8.	COUNTY	
FULL NAME		ar institution,	give street	Md.		260
INSTITUTION	address or location	n)		C. CITY OR TOWN	(If outside city limits, write RL	JRAL and give tawnship)
		20.35		Baltimore	13	
St. Jo	seph Hospita	L		D. STREET ADDRESS	(If rural, give location)	
				3816 Bonv	iew Avenue	
SEX	6. RACE		D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. (f Under 24 Hr Months! Doys Hours! Min.
Male	White		owed	1/30/01	64	Tennis Doys Hours Ivani.
			F BUSINESS OR INDUSTRY	, - ,	ar foreign country)	12. CITIZEN OF
	f working life, even if retired)					WHAT COUNTRY?
olicem		Poli	ce Dept	Maryland		U.S.A.
FATHER'S NA	ME			14. MOTHER'S MAIDE	NAME	
	T to to add			707 4 h - h1	b Waster	
Was Person	Livinston	ces?	1 6. SOCIAL	Elizabet	n wooten	ADDRESS
s,no or unknaw	(If yes, give wor or date	s of service)	SECURITY NO.			
No	None			Mrs. Corin	ne Shriver381	6 Bonview Ave
18. 4	15 XI		CAUSE O			INTERVAL BETWEEN
DISEA	ASE OR CONDITION DIS	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) T	remia		
	nat mean the mode of		DUE TO			
	e, asthenia, etc. It means implication which caused					
	ANTECEDENT CAUSES		(B) Ma	lignant Hyper	rtension	
			DUE TO		7 a g f Y a Y g 2 Mar. 1991 J M., 1992 a a a a a a a a a a a a a a a a a a	an on a f a a cococo a a a a a a a a a a a a a a
	OR CONDITIONS, if he above cause (A)		10			
	IG CONDITION last,	sidiling line	(C)			
	11					
OTHER SIGN TO THE DISEASE OF	II NIFICANT CONDITIONS C	ONTRIBUTIN	G			
TO THE	DEATH BUT NOT RELA	ATED TO TH	IE .			
	F OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FIL	NDINGS CONSIDERED
	WAS PER				or No. 208. IF YES, WERE FILL IN CERTIFYING CAU	SES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING	7 21 6	PLACE OF INJURY (e.g., in	NO	DID III in Soltimore	City, give exact (acation)
OR CONTRIE	BUTING CAUSE OF	han	ne, form, factory, street, a	fice bldg., INJURY OCC	U R?	City, give exact tacation?
DEATH (notif	fy medical examiner	etc.	,			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY			nile At Not Whit			
		Wo				
22. I certif	y that (1) (this hospital) attended t	he deceased from	1 / 1		61965
that (1) (we) last saw the decease	d alive on	9/6	19 65 .	and that in (my) (aur) apini	ian death accurred an the do
and Paus as	nd from the courses are	and about	l) (We) (did) (did nat) v			
23A. SIGNAT		(/.	-, (, (did) (did fidt) V	104 the book dilet of		23B, DATE SIGNED
1	VL	H	M D AH	ending Med.	1	
1/No	mue 9.	1. 100m		s. Director	Stoff Phys.	9/6/65
23C. PHYSICI	AN'S	/		23D. ADDRESS		
	Manuel A. Go	ngon	M.D.	1400 N. Ca	maldma Chara	
A. BURIAL CR			AME of CEMETERY of CRI		roline Street	, town, ar county) (State)
REMOVAL	(Specify)				100	
Buria.	1 9/10/6	5 Ced	dar Hill Cen	netery	Ritchie Highw	ray
A. DATE REC'	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR M.R	25C. FUNERAL DIR	ECTOR	ADDRESS
SF	P 8 1965 R	but E	, dansa,	Frederick	D. Miller,	Inc
150-REV. 1/1	/65	mg !	4500		3019 Monumer	it St
		1	44 10"		47-1	

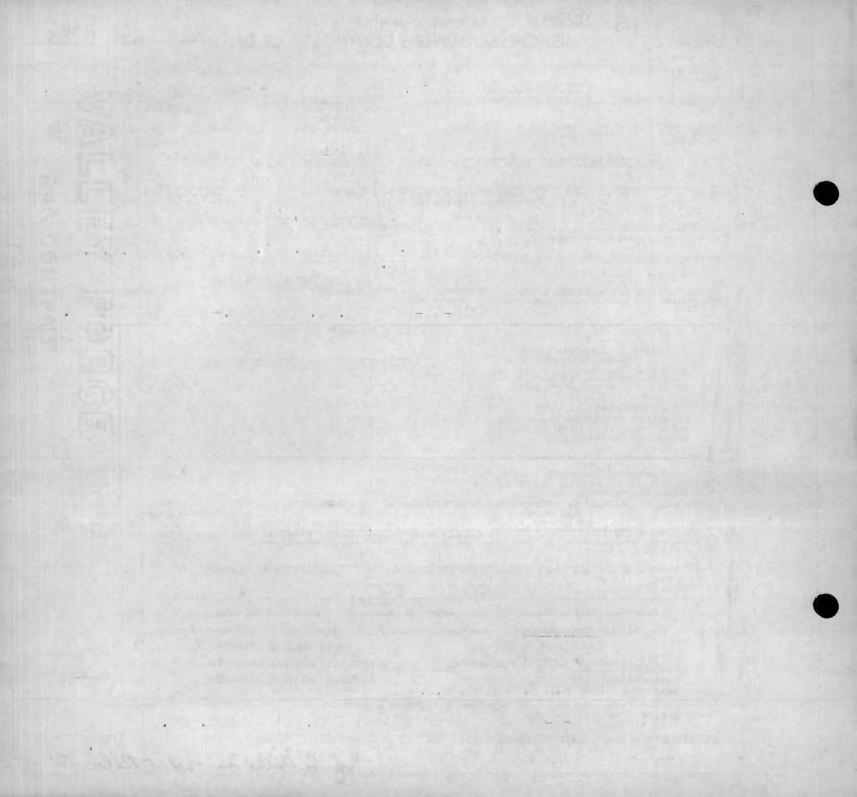


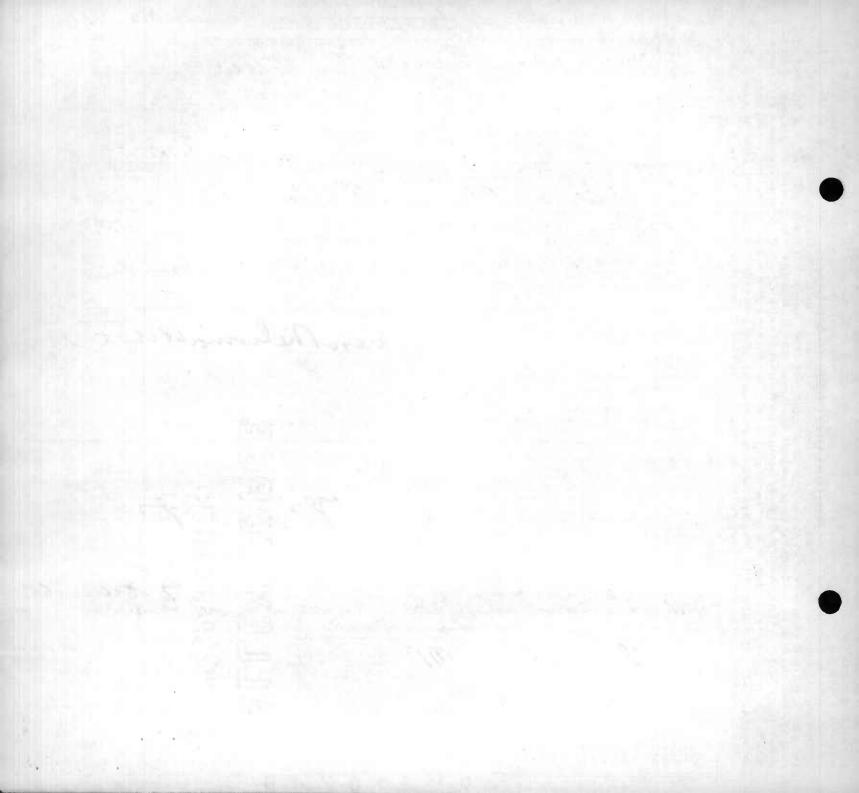


VS 151-REV. 1/1/65

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	6.		8

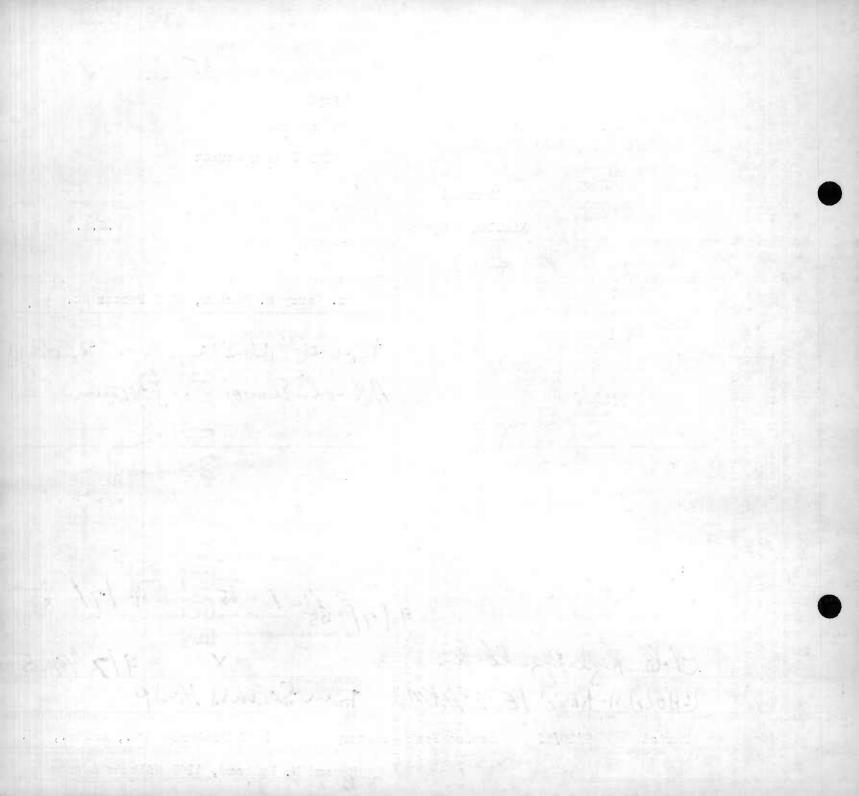
BIRTH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICAT	E OF DEATH Regis	tered No. JCCO
M.E. CASE NO.						
1. NAME OF DECEAS	ED				2. DATE AND HOUR PRONOUN	CED DEAD
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WILLIAN	1 EDWARD	BYRD, Sr.		9-5-65	1:00 P. M
3. PLACE IN BALTIMO				4. USUAL RESIDI	B. CC	stitution: residence before admission DUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOW	VN (If autside carparate limits, wr	ite RURAL and give tawnship)
UNIC	ON MEMORIAI	L HOSPIT	AL - DOA		ESS (If rural, give lacation)	21206
5. SEX 6. R.	ACE	17 AA APPIED	NEVER MARRIED	B. DATE OF BIRTH	ringwood Avenue	
Male	White		DIVORCED (specify)	June 16	lost birthday	Months Doys Hours Min.
dane during mast of warking			izer Mfg.			12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		101011		14. MOTHER'S MA	AIDEN NAME	U.S.A.
	· 20 Å		Corp.			
Harry By		FORCES?	16. SO CIAL	17. INFORMANT	ıma Muəllər	ADDRESS
(Yes, no or unknown) (If y			SECURITY NO.			
Ti O			216-05-9479	Wm. E.	Byrd Jr3915	Yolando Rd.
1B.	X .	1000	CAUSE	OF DEATH		INTERVAL BETWEEN
DISTASE	A CONDITION OF					ONSET AND DEATH
	R CONDITION DI		A METID	VCM OF ART	OMINAL AORTA	The state of the s
(This does not a	meon the mode of	dvina e.a	DUE TO	ISM OF ADI	JOHINAL AURIA	
heart foilure, ost	tenio, etc. It meons atian which caused	the diseose,	502 10			
ANTE	CENDENT CAUSE	S	(B)			I - I T - I
DISEASES OR	CONDITIONS, IF A	NY, GIVING	DUE TO	***************************************		
	CONDITION LAST.	IAIINO ITE				
Z			(C)			
Ĕ	II II					
OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTI	NG			
DISEASE OR CO	NDITION CAUSING		Π ε			
OTHER SIGNIFICATION THE DEAD DISEASE OR CO	ERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY	(Yes at Na) 208, IF YES, WERE IN CERTIFYING CA	
ZIA. EXTERNAL CA	AUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Boltimore City,	give exact locotian)
UNDERLYING OR CAUSE OF	F DEATH.	hame etc.)	, form, factory, street, c	the bidg., INJURY	OCCUR?	
21 D TIME (M OF INJURY (APPROX.)	anth) (Day) (Yea		WHILE AT NOT	WHILE	OW DID INJURY OCCUR?	
		m. V	WORK AT W	ORK Liai		
22. I certify	that I held on I	nquiry 🗌			I that on this bosis, death In	my opinion
resulted	from: Natural co	X X zezu	Accident Suicid	e Hamici	de Undetermined man	ner 🗌
the second				CHIEF MI	EDICAL EXAMINER X	
ACTUAL	01	Fred				DATE SIGNED
SIGNATURE	UV	in	M.D.		EDICAL EXAMINER	0 ((=
EXAMINER' NAME (Type	RUSSELL	S. FISH	ER, M.D.	ASSOCIATE M	EDICAL EXAMINER	9-6-65
23A. BURIAL CREMAT	ION, 238 DATE	23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (Ci	ty, town, or county) (State)
REMOVAL (Specity)	9-8-	65	Mount Cli	vet Cen.	Balto. Md	
24A. DATE REC'D BY		24B, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
SEP 8	1965 (1)	Calo E,	Jake M.	1100	h 11 9	Dil DI



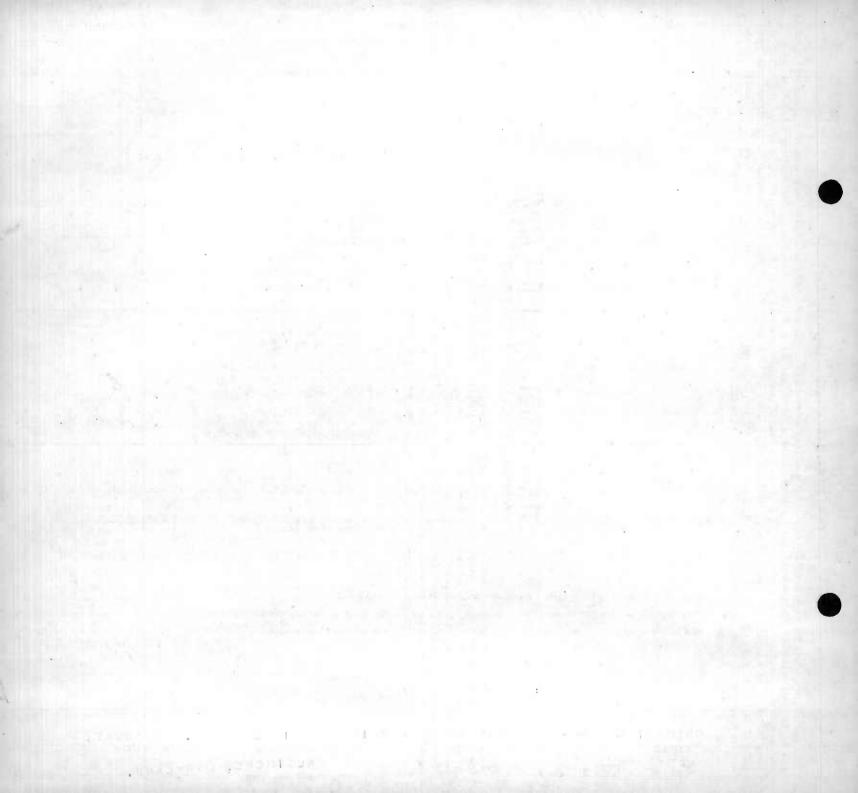


IMPORTANT

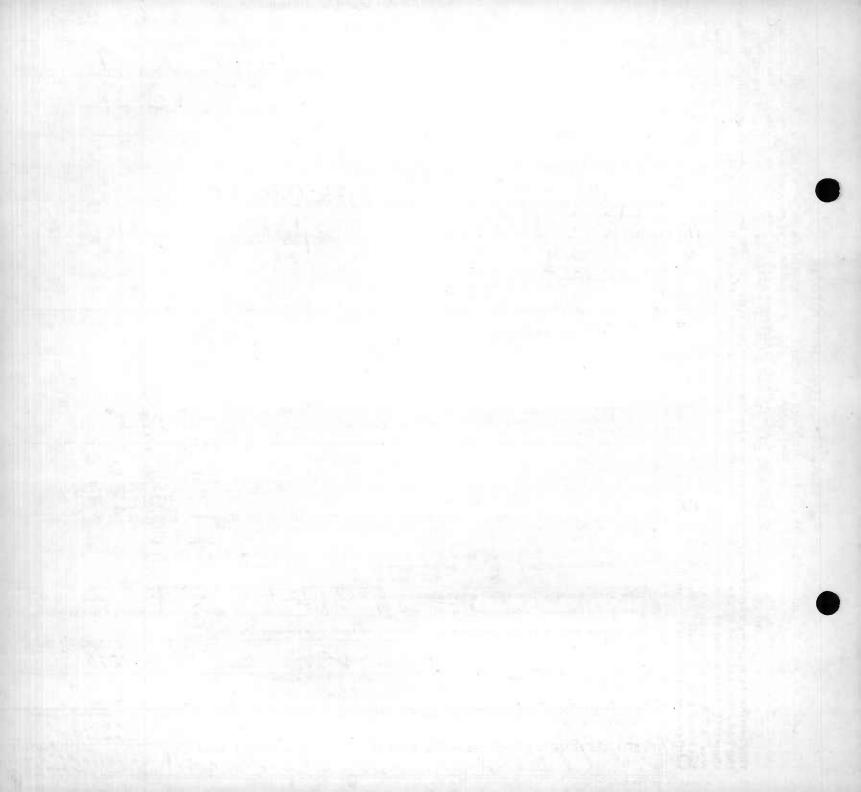
FUNERAL DIRECTOR:



2005	BIRTH NO. 65-26332 CERTIFICATE OF D	DEATH Registered No. 65 9231	
pital and of death Deceased is on the ath. Such	1. NAME OF DECEASED (Type or Print) BABY BOY ALLEN	3:40am 946	A.,
hospital ise of c (5) Decc ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE	B. COUNTY	odmission
a hos cause se; (5) andance	INSTITUTION Oddress of locohon)	OWN (If outside city limits, write RURAL and give township)	
ng ng cau	JOHNS HOPKINS HOSPITAL B. STREET AD		
th occurred contribution etermined n regular ceased proving made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIS	RTH 9. AGE (In years If Under 1 Yr. If Under lost birthdoy) Months Doys Hours	er 24 Hrs. Min.
eath occur or contri ndetermin s in regu decease	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC done during most of working life, even if retired)	E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	30
if dearer or (4) Unc was the d		MAIDEN NAME	
N die die	15. Was Deceased Ever in U. S. Armed Forest? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	nda allen	
RT siss the definition of the	11B. CAUSE OF DEATH	INTERVAL BETW	VEEN
his lso, of a unc	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A RESPURATOR	onset and Di	
OR: I	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	lae arest	
ECTO examin xamin xamin y A fra who p	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving MILED ALLE	asourtin 24hours	·······
S Tes	UNDERLYING CONDITION last. (C) MUSTONIA (C)	uses in utto	
med medic burr burr burr burr chysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FETAL CLUSTURES		
chie y a Bod the the	WAS PERFORMED	SY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
y the ital Bere No p	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJUR	WHERE DID (If in Boltimore City, give exact location) RY OCCUR?	
hospi hospi nature ept w d (6) I	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. H While AI Not While AI Work	HOW DID INJURY OCCUR?	
ppro the any (exc ; an	22. I certify that (I) (this haspital) attended the deceased from Schimm	and that in (my) (aur) opinion death accurred an	65
be ced to the control of the ced to the ced th	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady		The dat
mus elea ccide a hos	Starriet W. Cocasions M.D. Attending Phys.	Med. Director Phys. 94/65	_
rificate my was rely (1) An acc 3. A. at a led prior to	23C. PHYSICIAM'S NAME (Type) HARRIET W. COUSSONS M.D. JOHANS	HOPKINS HOSPITAL	
E TO O =	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY THE JOHNS HOPKINS HO	24D. LOCATION (City, town, or county) SPITAL 601 N. BROADWAY.	(Stote)
This cer the bod shows: was D.C decease	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNER	ALTIMORE, MARYLAND	

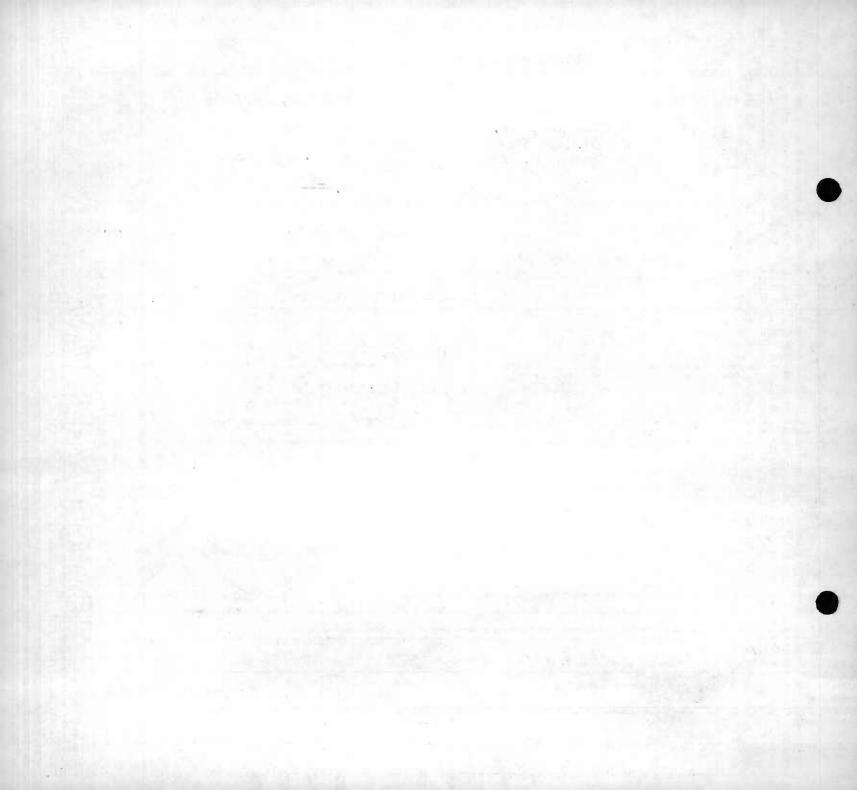


		Y HEALTH DEPARTMENT		CE 0000
BIRTH NO. 65 92	232 CERTIFICA	TE OF DEATH	Registered Na	65 9232
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	los C.	2. DATE AN	HOUR OF DEATH	7958
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ich .	4. USUAL RESIDENCE (Whe	re deceosed lived. II in:	stitution: residence before admission
FULL NAME OF (If not in hospito) or institu	tion, give street	md,		3-07
INSTITUTION	(2)/1)	C. CITY OR TOWN (IF OU	tside city limits, write R	URAL ond give township)
"Keswick", 700 W.	40 1h. SI,		rurol, give location)	
5. SEX 6. RACE 7. MAI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I II II-3 1 V- II II-3 24 II-
	OWED DIVORCED (specify)	5-22-1871	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	NONE	Mornland		L.S.A.
13. FATHERS NAME		14. MOTHERS MAIDEN NA	0	
John Cassard. 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	hucy Chas	e Kous	ADDRESS
(Yes, no or unknown) (II yes, give war or dates of ser	215-03-1146 D	Clarifel C.	Vickers	R.71. 700 W.40
18.443 X 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) The	perture Co	rlio -	15 years
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis		Voscular A	rese	
injury or complication which caused death.) ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	DUE TO			
tise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING THE			and the best
DISEASE OF CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)		(If in Bo)timore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (I) (this hospital) attended		, , _	191aSe	1.7 1965
that (1) (we) last saw the deceased alive	1		at in(my) (aur) apin	ian death accurred an the dat
and haur and fram the causes stated aba	ve. (1) (We) (did) (did nat)	view the bady after death.		23 B. DATE SIGNED
W. Gratton The	Reiger M.D. At	dending Med.	Stoff Phys.	9/8/65
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		11
	M.D.	1 15 DICAL	FIRES L	5LDG.
24A. BURIAL CREMATION, 24B. DATE 22 REMOVAL (Specify)	4C. NAME OF CEMETERY OF CE	EMATORY 24D. L	OCATION (Cir	y, town, or county) (State)
25A, DATE REC'D BY HEALTH DEPT. 126B, NA	ME OF REGISTRAR	MA DISCOUNTED DISCOURS	Dallo	X/202/
	talley Mill	250. FUNERAL DIRECTOR	Vone R.	10011) MM - 2161
VS 150-REV. 1/1/65	6 5 0	Stown St	-	WEW HUMBARE



M.E. CASE NO.		(AMINER'S C			ned 110.
1. NAME OF DECEASED			12.004	TE AND HOUR PRONOUNC	ED DEAD
(Type or Print)	TATED TATES	DODCON T-	2. DA	9-5-65	1:05
3. PLACE IN BALTIMORE, MARYLAND, V	TAL OR INSTITU	ROBSON, Jr. JNCED DEAD JTION, GIVE STREET	A. STATE Maryland	Where deceased lived. If inst	Nution: residence before admission
HOSPITAL OR ADDRESS OR LOC INSTITUTION UNIVERSITY HO	CATION)		Beltsville D. STREET ADDRESS		e RURAL and give township)
ON TITOMETH	DITIME			rmore Street	
5. SEX 6. RACE White	Never	never married divorced (specify) Married	Dec. 4, 194		If Under 1 Yr. If Under 24 Hr Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of wo done Suging most of working life, even if retired)	Scho		Washingto	on D. C.	UNIST AOUNTRY?
3. FATHER'S NAME	0		14. MOTHER'S MAIDEN		
Arthur John Robs		24.50.0141		Herman	
15. WAS DECEASED EVER IN U.S. ARME Yes, no arunknown) (If yes, give war ar do NO		16. SO CIAL SECURITY NO. none	Arthur John	Robson Sr. S	ame as #2 (father
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST	ANY, GIVING	(B)(C)			
OTHER SIGNIFICANT CONDITION					
OTHER SIGNIFICANT CONDITION: TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO	RELATED TO T	HE	20A. AUTOPSY? (Yes	or No) 208, IF YES, WERE FII	
ZIA, EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-	RELATED TO T OR IT. NOTITION FOR ERFORMED 21 B. home etc.)	HE WHICH OPERATION PLACE OF INJURY (e.g., , form, foctory, street, Expressway	Yes in or obout 21C, WHERE office bldg., INJURY OCC Express	IN CERTIFYING CAUSE Yes DID If in Boltimore City, giver Baltimore & Sway - N. of Rt	ve_exoct location) Washington
ZIA, EXTERNAL CAUSE WAS UNDERLYING STOR CONTRIB- UTING CAUSE OF DEATH.	RELATED TO TAGE IT. ON DITION FOR PREFORMED 21 B. home etc.)	HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Expressway 1E, INJURY OCCURRED	in or obout 21c. WHERE office bldg, INJURY OCC Express 21F. HOW DI	IN CERTIFYING CAUSE Yes DID Us in Boltimore City, gi UR? Baltimore	ve exact lecotion Washington 32
WAS PE 21 A, EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 21 D TIME (Month) (Day) (Ye OF INJURY (APPROX.) 9 3 16 22. I certify that I held an resulted from: Natural c	RELATED TO TAGE IT. PODITION FOR PREFORMED 21 B. home etc.) 5 PM m. V	PLACE OF INJURY (e.g., form, foctory, street, EXPRESSWAY 1E, INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Yes in or obout 21C. WHERE office bidg., INJURY OCC Express 21F. How DI WHILE Passer topsy X and that Homicide CHIEF MEDICA	IN CERTIFYING CAUSES Ves DID Ill in Boltimore City, grant and this basis, death in municipal to the control of	version lecotion washing ton 32 to collision
WAS PE 21 A, EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 21 D TIME (Month) (Day) (Ye OF INJURY (APPROX.) 9 3 16 22. 1 certify that I held an resulted from: Natural c ACTUAL SIGNATURE EXAMINER'S	PRELATED TO THE GIT. ONDITION FOR PREFORMED 21 B. home etc.) 5 PM m. V Inquiry ouses A	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Expressway IE. INJURY OCCURRED WHILE AT NOT AT W Inspection Au Accident Suicid	Yes in or about 21C. WHERE office bidg., INJURY OCC Express 21F. How Di WHILE X Passer topsy XX and that Homicide	IN CERTIFYING CAUSES Ves DID Win Boltimore City, grant of Rt SWAY - N. of Rt DINJURY OCCUR? Ager in auto-autor on this basis, death in much of the company of the comp	ve_exact location) Washington 32 to collision ny opinion or
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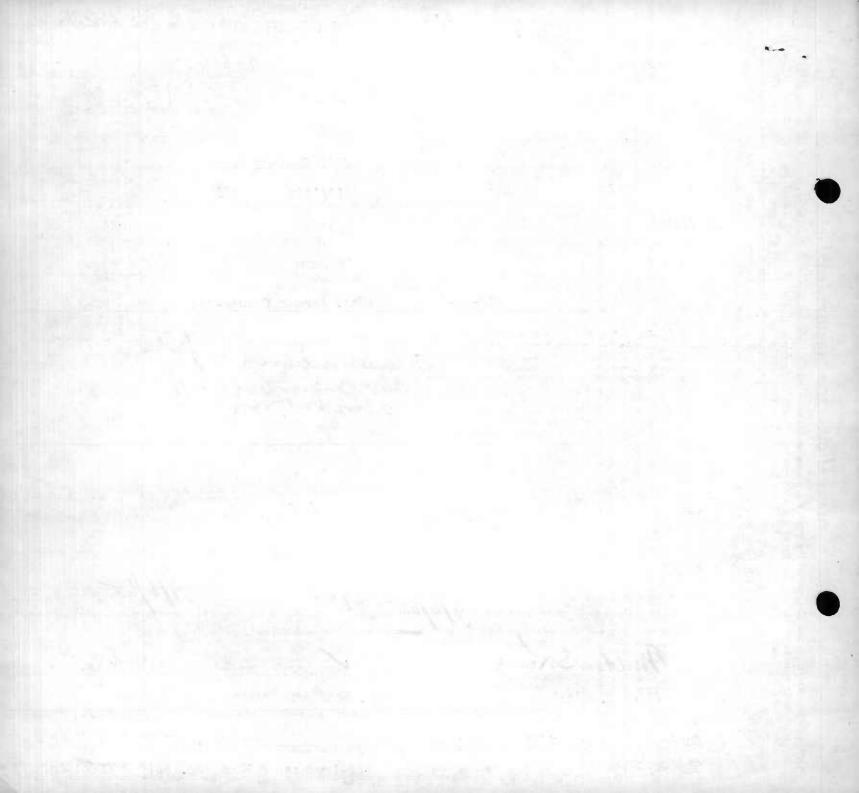
BALTIMORE CITY HEALTH DEPARTMENT



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DIRECTOR:



VS 151-REV. 1/1/65

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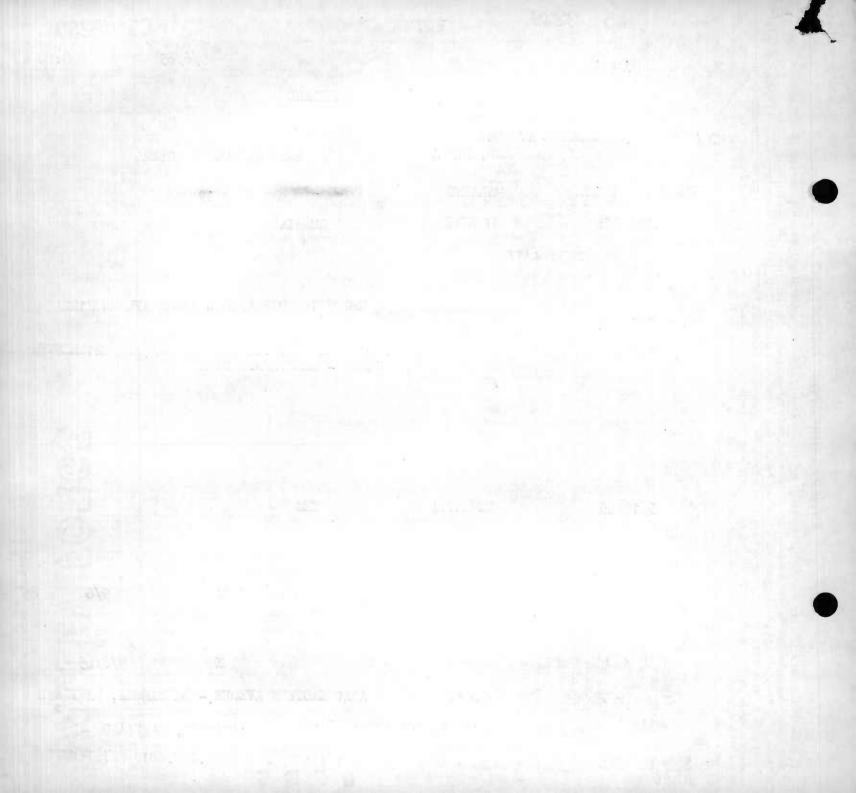
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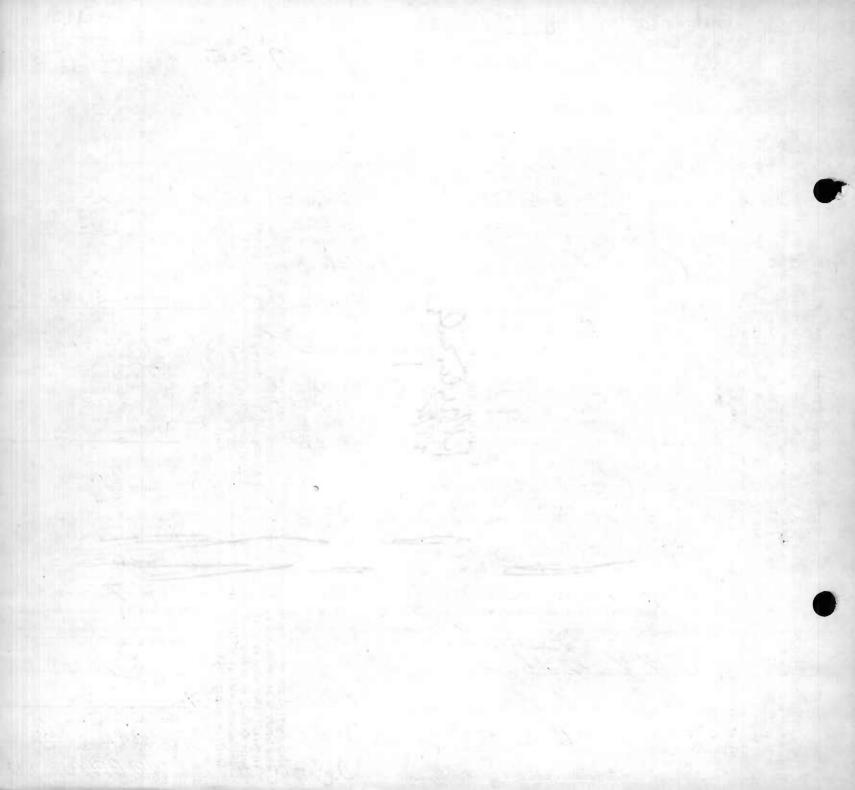
BALTIMORE CITY HEALTH DEPARTMENT



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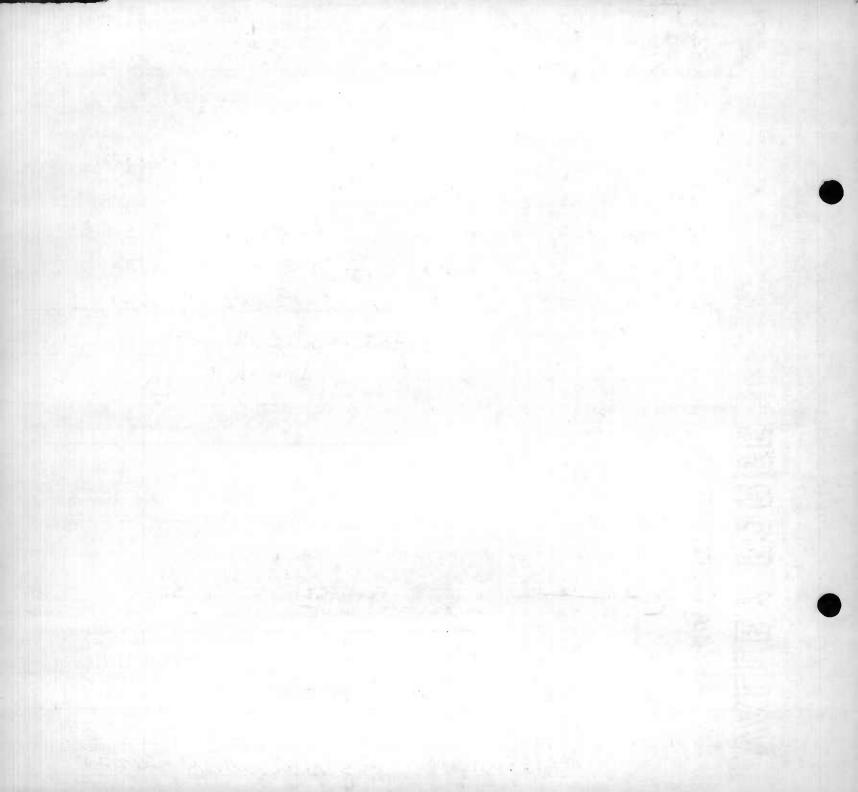
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	MEDICAL EXAMINER'S CERTIFICATE OF DEATH F	Registered No. 9242
	AME OF DECEASED 2. DATE AND HOUR PROP	NOUNCED DEAD
	CLARENCE A. LONG 9/6	/65 11:50 p. M
	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived A. STATE	d. If institution: residence before admission B. COUNTY
	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limitation)	
21	D. STREET ADDRESS (If rurol, give location)	1100
0	Franklin Square Hospital 1323 W. Lomba	rd St.
	V I/ DAGE IT MANDER NEWS MANDER IN THE PARTY OF BOTH	yeors If Under 1 Yr. If Under 24 Hrs
	ale white Never Married I as 22 1888	Months Days Hours Min.
	ale white Never Married Jan. 22,1888 777	12. CITIZEN OF
	during most of working life, even if retired)	WHAT COUNTRY?
	Aborer Maryland ATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
	homas E. Long Alice L Goodman	
	AS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
	es WW l 217-26-8192A Lillie Fowler 3	309 S. Mount St.
	B. CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ebral hembrrhage
	(C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		G CAUSES OF DEATH?
	Yes Yes Yes INDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore home, form, foctory, street, office bldg., INJURY OCCUR? etc.)	
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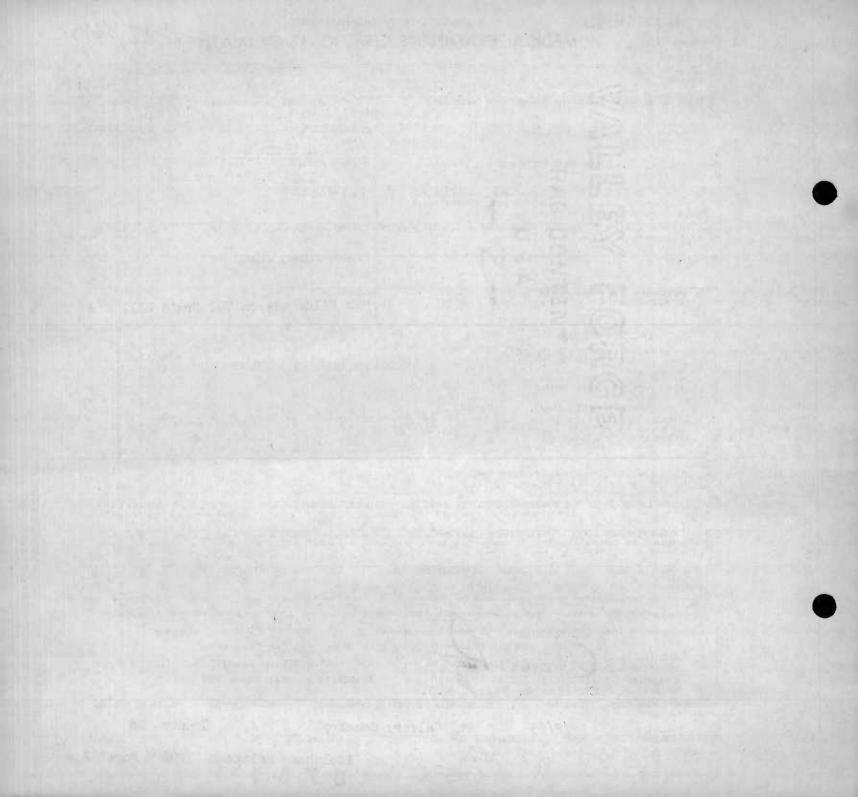


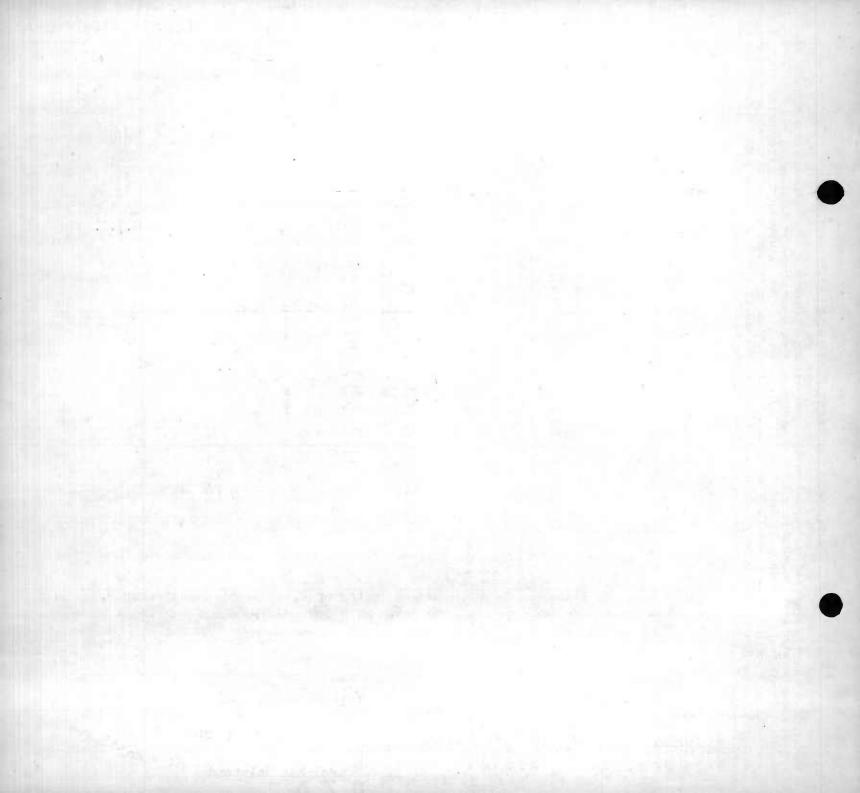
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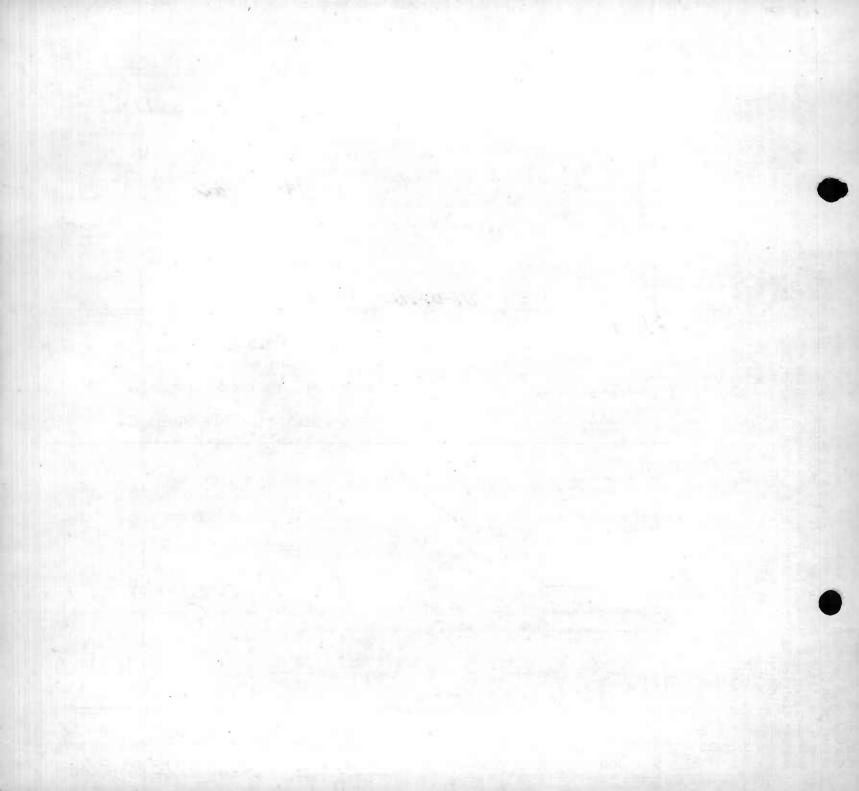
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9245

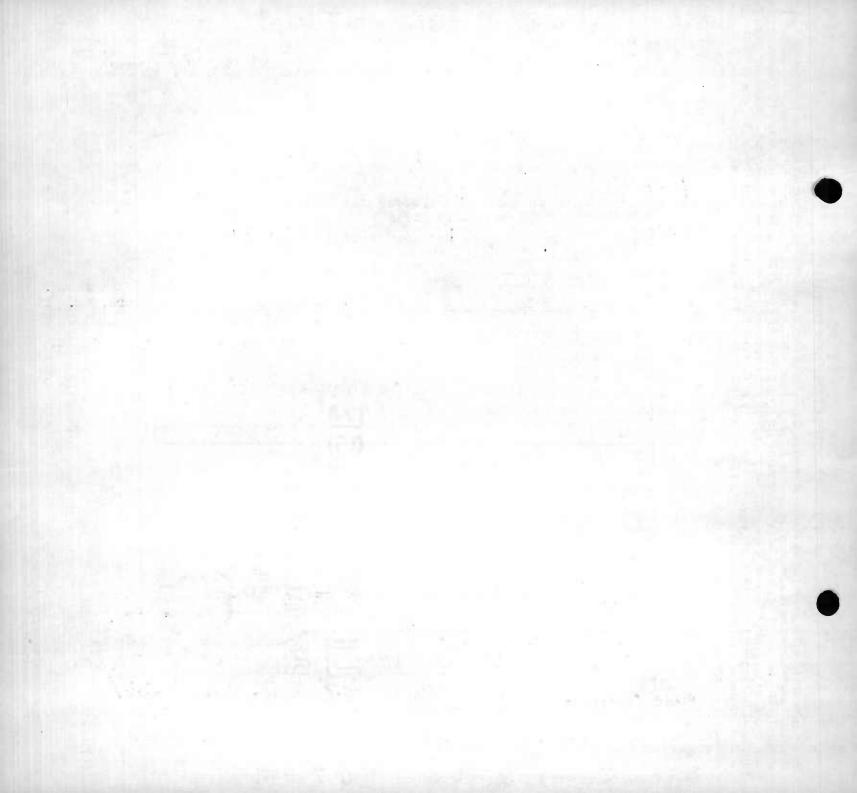
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						1328 N.	Fremont Stre	eet	
5, \$	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE O	F BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24	Hrs.
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13.	FATHER'S NAM	\E			14. MOTHE	R'S MAIDEN NA	ME		_
			?					2	
		D EVER IN U.S. ARMED		16. SO CIAL	17. INFORM			ADDRESS	-
(Yes	, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	MRs H	lilda Mas	son 703 Druid	Hill AVe	
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	SIGNAT		ules & /	M.D	•		and the same of th	9/3/65	
	EXAMIN	Type) Charles	S. Pet	ty, M.D.	ASSOCIA	TE MEDICAL	EXAMINER		
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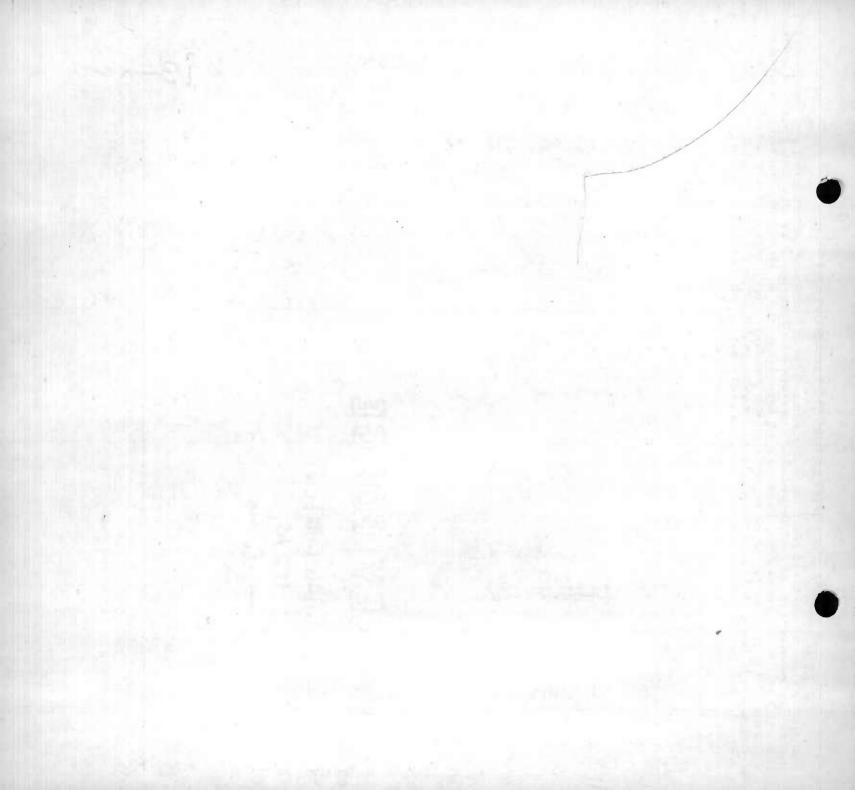


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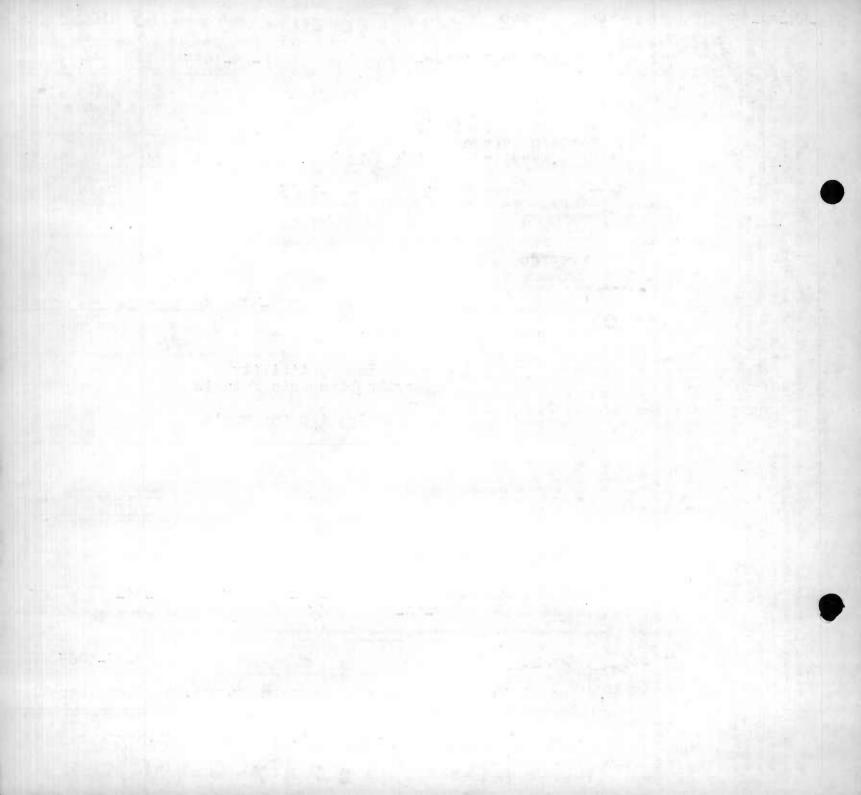


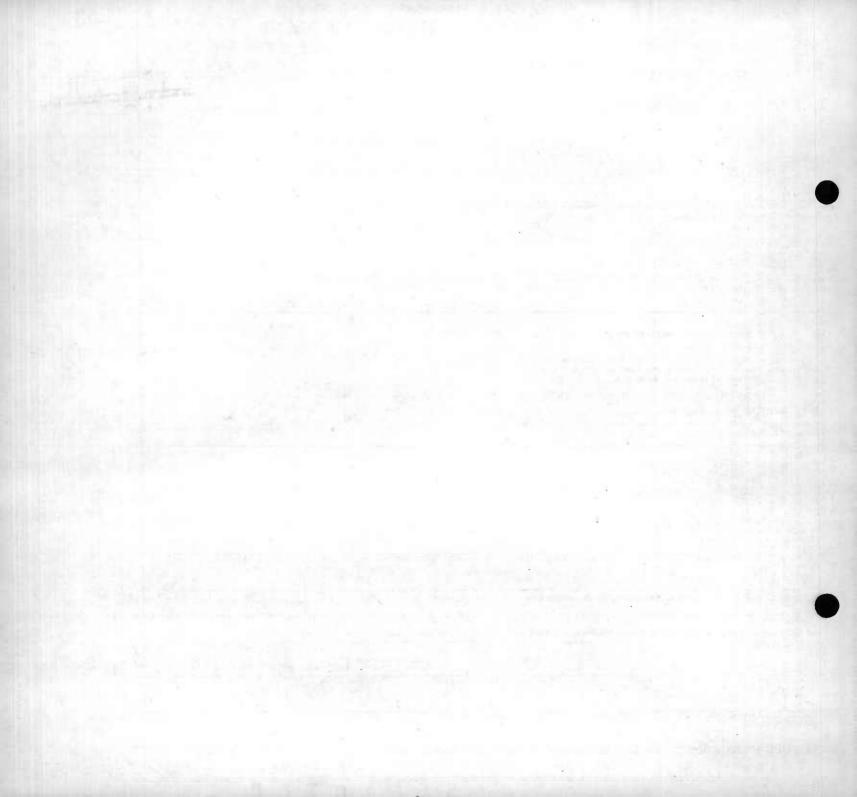
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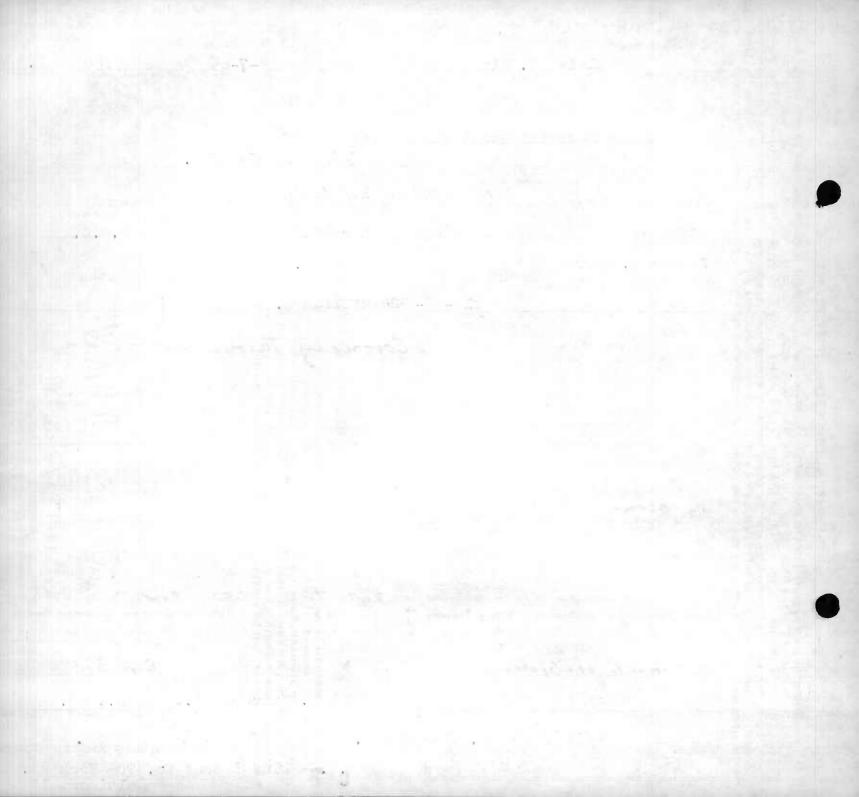
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IMPORTANT

FUNERAL DIRECTOR:



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PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived, If	institution: residence before admission		
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HOSPITAL OR			give sireel	Marylan	.C. If outside city limits, write	RURAL and give township)		
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Toh	n Frey			Maren I	Zauffmaan			
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	(If yes, give wor or date	es of service)	SECURITY NO.					
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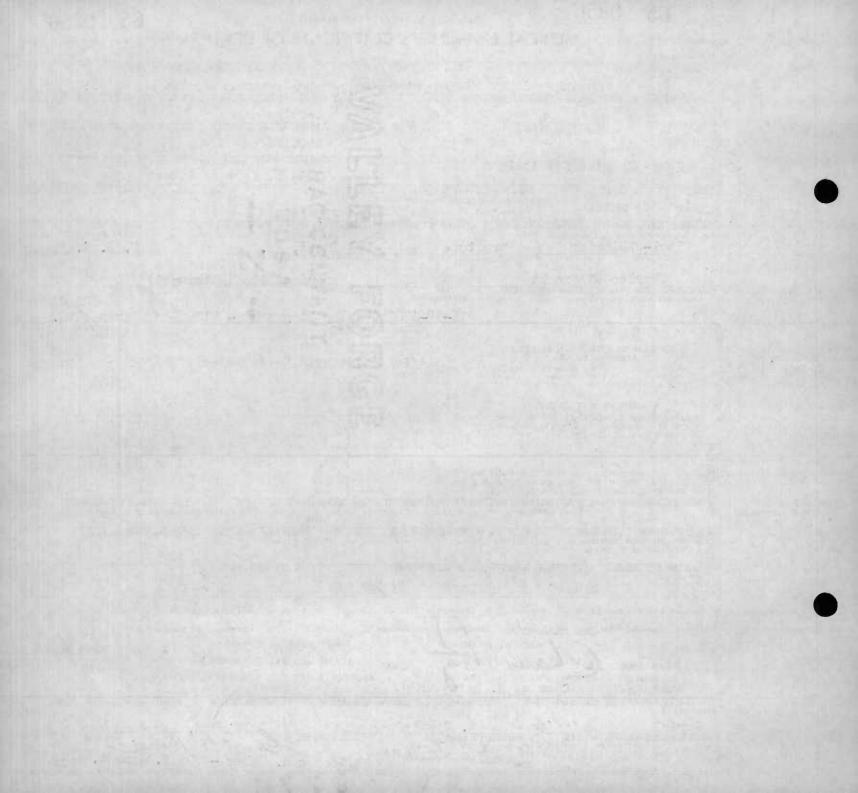
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HOSPITAL OR ADDRESS OR LOCATION)				C. CITY	OR TOWN (If outside	corporate limits, write	RURAL ond give to	wnship)		
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13.	ATTIER 3 INDIVID				14.10011	ICKS MAIDEN NAME				
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	NAME (Type)	Char	les S.	Petty, M D.						
	BURIAL CREMATION,	23B. DATE	230	C. NAME of CEMETERY O	CREMAT	ORY 23D. LO	ATION (City,	town, or county)	(State)	
KEA	AOVAL (Specify)	0/11/1		C4 C4						
244	Burial DATE REC'D BY HEAD	9/11/6	124R NAME	St. Stanislau of REGISIRAR		FUNERAL DIRECTOR	timore, lier	ADDRESS		
	SED	9 1965	DO B	0 7 0		Alea	ge a Wa	ret_	1101001	
	951	0 1000	Ubbal	TE. Jankey M. A	G.	eorge A. Web	er - 705 S.	Ann St. #	21231	
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BALTIMORE CITY HEALTH DEPARTMENT

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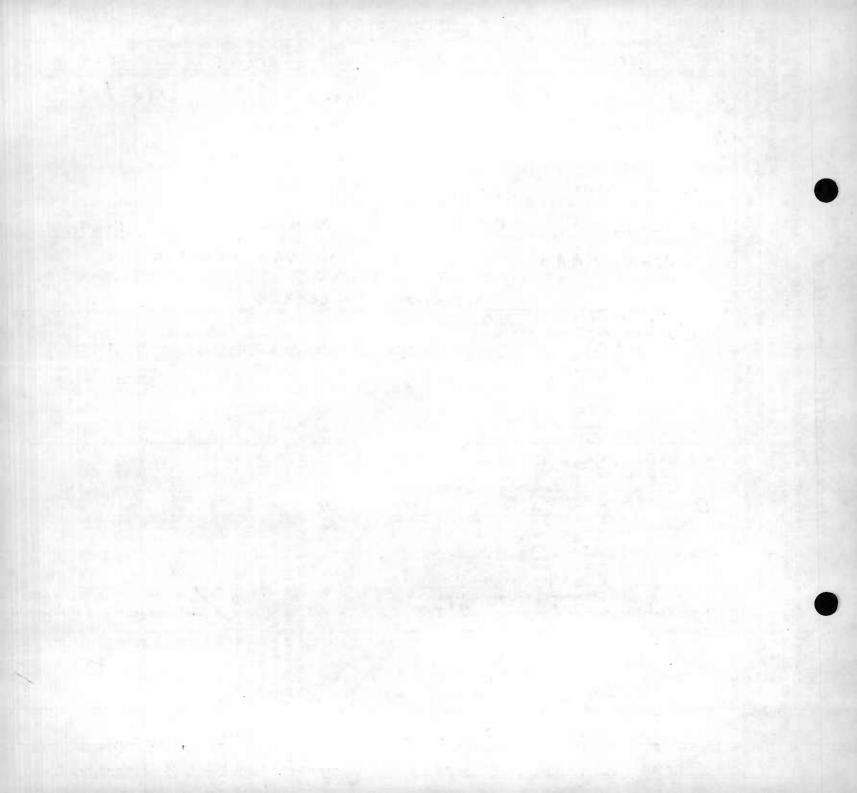
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			BALTIMORE CITY	HEALTH DEPARTMENT		C5 09E0
BIRTH NO. M.E. CASE NO. 1. NAME OF DECE		9259	CERTIFICA	TE OF DEATH	Registered N	
T 01 1 -			A 4/4/A			18:24 P
B. PLACE OF DEA	DELLNER,	YLAND	ANNA	11 0	-4.65	f institution: residence before admission
FULL NAME OF	To the ball to	r institution, g		A. STATE B. CO MARYLAND C. CITY OR TOWN (IF BALTIMOR D. STREET ADDRESS	outside city limits, wi	RE RURAL and give township)
				511 N.EAS	r AVE	
FEMALE	WHITE	WIDOWED,	NEVER MARRIED DIVORCED (specify)	7/19/98	9. AGE (In years tost birthdox	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	PATION (Give kind of work rorking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEW		Ho	ME	MARYL	AND	U.S.A.
13. FATHER'S NAM				14. MOTHER'S MAIDEN N		
JOH	N RAAB			JOHANN		KE
5. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed Ford	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			217-34-5109	DECEASE	D	
1B. / 7/			CAUSE O	F DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION DIR	ECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) PART	TAL INTESTINAL	OBSTRUCTIO	N 3MO
heart failure, injury ar cam A DISEASES Orise to the	at mean the made of asthenia, etc. It means plication which caused INTECEDENT CAUSES R CONDITIONS, if a abave cause (A) CONDITION last.	the disease, death.) ny, giving		NOCARCINAMA O		4/2 YRS
OTHER SIGNIE	II FICANT CONDITIONS COLATH BUT NOT RELATED TO THE PROPERTY OF	TED TO THE				
19A.DATE OF	WAS PERF	ORMED	HICH OPERATION		No. 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exact facation)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		e At Not While At Work	21 F. HOW DID I	NJURY OCCUR?	
	that (I) (this heepit al) lost sow the deceased		e deceased from 5			pinion death occurred an the d
and hour and	from the couses state	d obove. (1)	(We) (did) (dident)	riew the body ofter deat		
23A. SIGNATU			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B, DATE SIGNED
Poul	& Herold		M.D. Atte	ending Med.	Stoff Phys.	9/6/65
23C. PHYSICIAI	42	EROL		23D. ADDRESS	DISON ST	
	AATION, 24B. DATE		ME of CEMETERY or CR			(City, town, or county) (State
REMOVAL (S		140.140	or Generality of Chi	240	LOCATION	tony, lowin, or country? (Store
Buria 25A. DATE REC'D	BY HEALTH DEPT.	LOI	rraine Park C	emetery 25C. FONERAL DIRECT	Baltimore,	Maryland ADDRESS
SEP 9	1965 1201	bF. Fo	Bry HO >	Jeonard J.	Ruck Inc 530	5 Harford Road

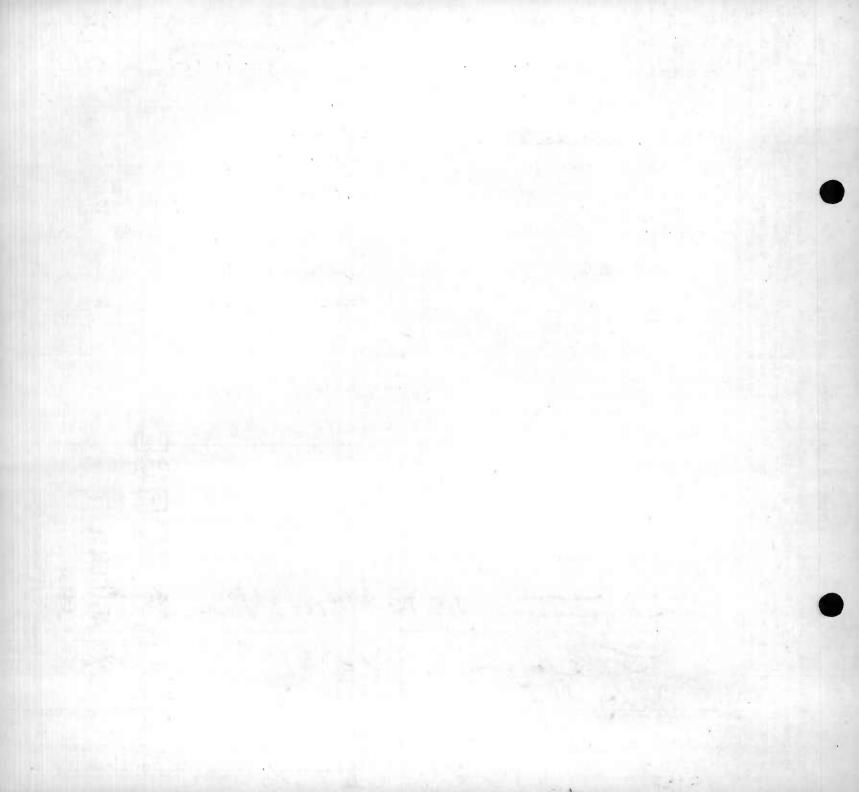


BALTIMORE CITY HEALTH DEPARTMENT 65 9260CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH MRS. MILDRED K. ROBERTSON (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before dimission) (If outside city limits, write RURAL and give township) (If rural, give lacation) GLKAPER AVE. 6X 9. AGE (In years If Under 1 Yr, Manths! Days If Under 24 Hrs. Haurs : Min. Hours 12, CITIZEN OF WHAT COUNTRY? 454 ADDRESS Mr. Percy W. Robertson same INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 21 F. HOW DID INJURY OCCUR? ond that in(my) (our) opinion death occurred on the date (City, town, or county) Baltimore, eonard J. Ruck Inc 5305 Harford Road #24

1721010W Landing a mean ordered Eachwells Fix Harry PR 3227 LURAPER HOS RADIN STOWER RIPERIOD COLO prophessy made garden gardens, ey 455 1222 MAN 1245 12 11 12 PARKY KORKE \$600 THERECONFROM himostogs Cherry Money & porion 2 star

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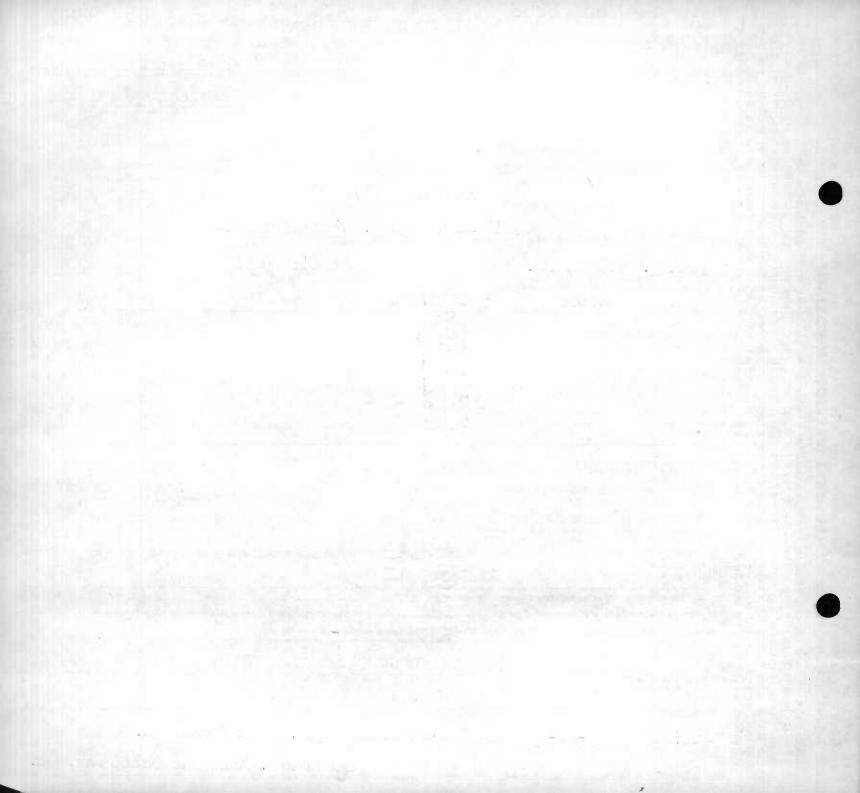
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BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 His.

Hours

ADDRESS



I	65 926		BALTIMORE CITY H	EALTH DEPARTMENT		65
l	BIRTH NO. HISSISSIPPI	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.

1. NA	CASE NO.				CLKIII	ICATE OF I	DEATH Registe	
	ME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
Туре	or Print)		TZ A NETP CICI A	MOTITIED.			9/6/6	
3. PL /	CE IN BAL	TIMORE, MARYL	VANESSA AND, WHERE PRO	MOUNCED DEAD	4. USU	AL RESIDENCE (Where		17:15 p. M. itution: residence before odmission
					A. STAT	Maryland	B. COU	
FULL	NAME OF	(IF NOT IN	HOSPITAL OR INS	STITUTION, GIVE STREET	C. CITY		e corporate limits, write	RURAL and give township)
INSTIT	TAL OR						0	-10 57
1.1					D STOP	Baltimore ET ADDRESS (If rurol,		90
1	Ç.	Locanh	Hospital		D. STRE			
5. SEX		6. RACE		IED, NEVER MARRIED	PATE	OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	male	colored		D, DIVORCED(specify)	26/	11/1)	lost bighdoy	Months Doys Hours Min.
			nd of work 108 KIND	OF BUSINESS OR INDUST	DV 11 BIDTL	PLACE (State or foreig	2 0011-1-11	12. CITIZEN OF
		working life, even i		OF 803/14E33 OK 114D031	NI III	LAL TO	" Country!	WHAT COUNTRY?
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(3. FA	THER'S NAM	A .	1 .		14. MOT	HER'S MAIDEN NAMI	7 7	
-	JAME	SCUR	715		1	MARY		
	AS DECEASI		ARMED FORCES?		17. INFO	MANT /		ADDRESS
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18	Proc. E	100		CALL	SE OF DEA	TH	11-703	INTERVAL BETWEEN
ERTIFICATION	DISEASES RISE TO TH UNDERLYII	ANTECENDENT OR CONDITION IE ABOVE CAUS NG CONDITION II	CAUSES NS, IF ANY, GIVINGE (A) STATING THE LAST. DITIONS CONTRIBLE NOT RELATED TO	(G)(C)				
CERT 19		F OPERATION 1		OR WHICH OPERATION	20A. A		20 B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
. 9	A. EXTERNA	L CAUSE WAS	2	1B. PLACE OF INJURY (e.g.	in or obou	YES	Jes If in Boltimore City air	ve exect location)
¥ 21	N DERLYING	OR CONTRIB-	h	ome, form, foctory, street,	office bldg	INJURY OCCUR?		994-11
OUI	TING		e	street-in au	to	lin front of	f 912 Bonapa	rte Ave.
AEDIC	TING LI CAL							200 11.01
OI UI	D TIME	(Month) (Doy	Yeor) (Hour)	21 E. INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?	100 1100
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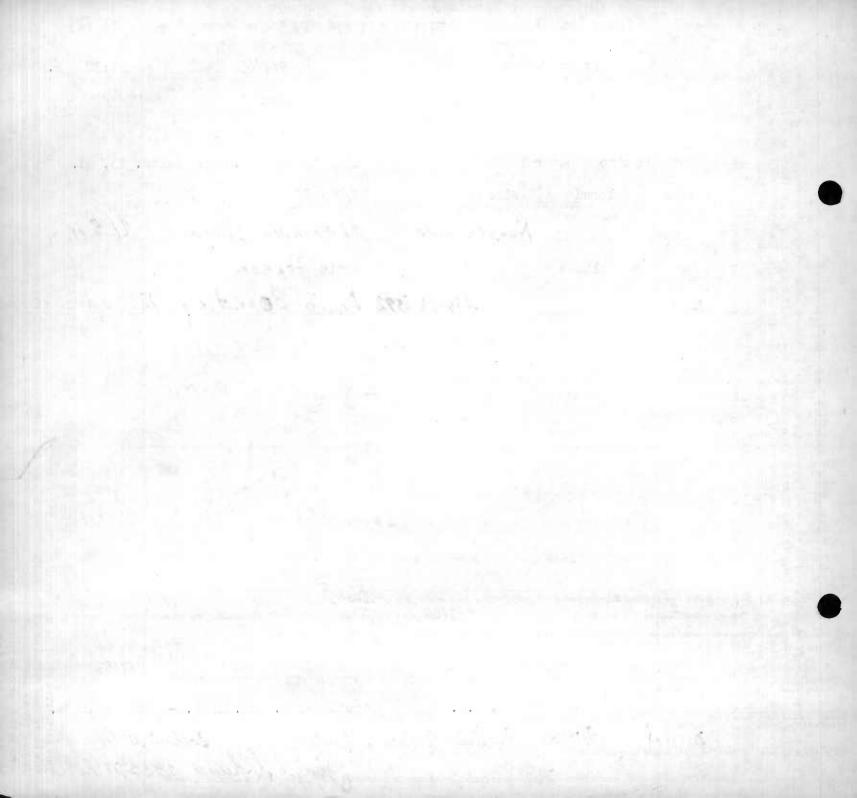
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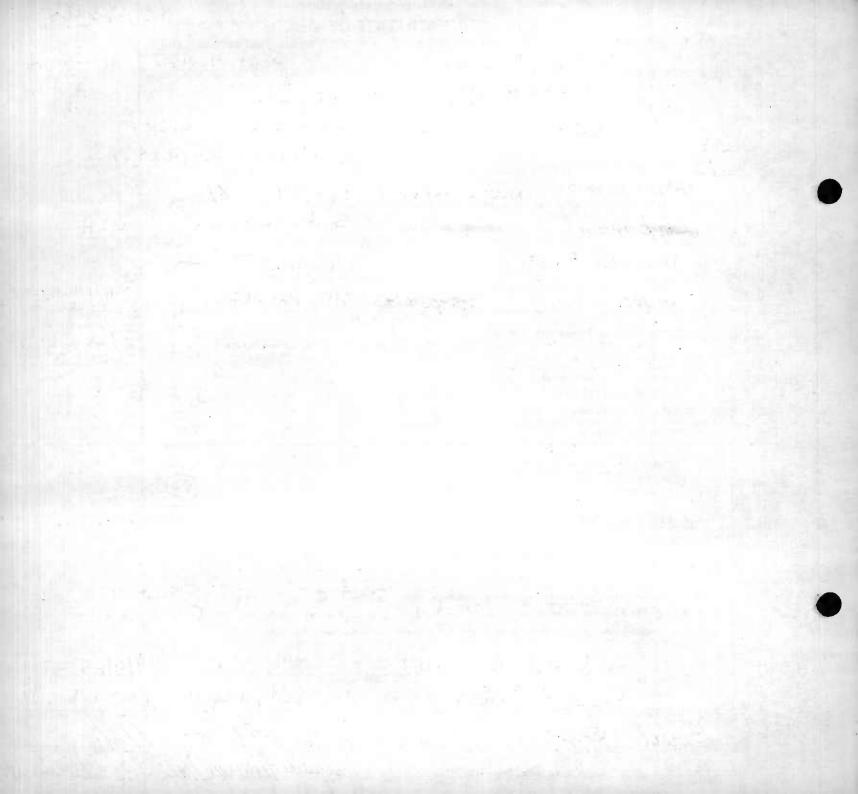
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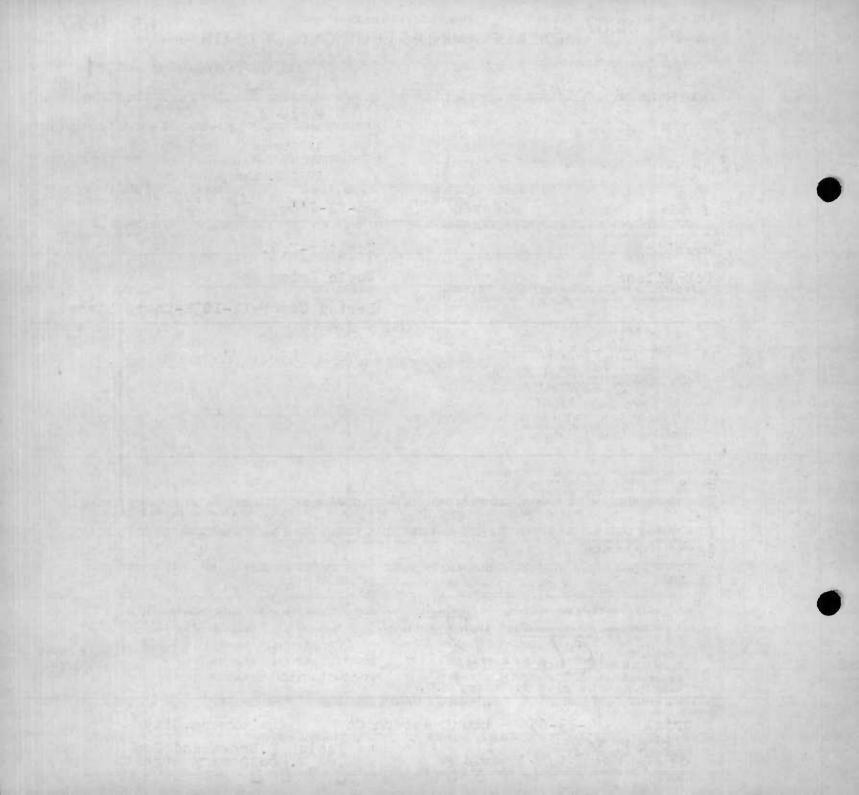
BALTIMORE CITY HEALTH DEPARTMENT





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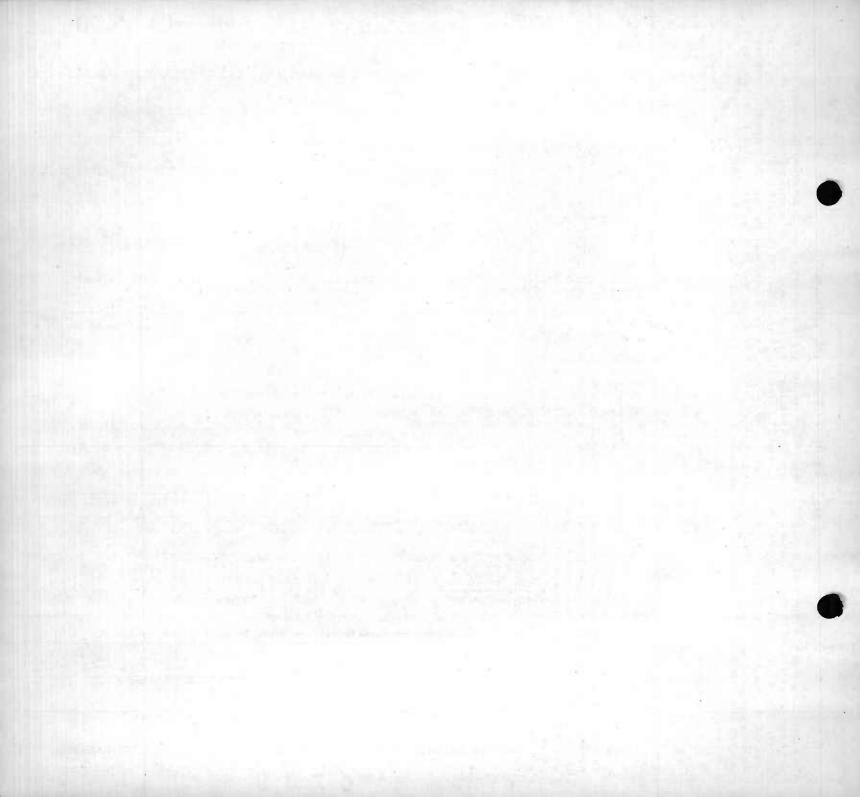
BIRTH NO. 5	920 MED	ICAL EX	AMINER'S C	ERTIFICAT	TE OF I	DEATH Registe	red No.	7401
M.E. CASE NO.								
1. NAME OF DE (Type or Print)						D HOUR PRONOUNCE		11 00 0
2 DI ACE INI DAI	CHARLOT		HALL	I HEHAL DECID		mber 8, 196.	5	11:00 P M.
37	TIMORE MARYLAND, W			A. STATE Ma	ryland	deceased lived. If insti B. COU	INTY	
HOSPITAL OR	ADDRESS OR LOCA	ATION)	THON, GIVE STREET	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)				
IN SHITOTION				Ва	ltimore	0.5	-11	
South 1	Baltimore Gene	eral Hos	pital	D. STREET ADD				
						harp Street		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years last birthday)	If Under 1 Y Months, Doy	r. If Under 24 Hrs. s Hours Min.
Female	Negro	Wide		8-12-1	886	79		
	UPATION (Give kind of working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN C	
				Chester	-S-C-			
Domestic 13. FATHERS NA	ME	H H H I		Chester	AIDEN NAM			
Bob Wil	son			Nosic B	xtom			
15. WAS DECEAS	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	9 3 3 5	TESLESS.	ADDRESS	F.F.PIE.F
	,, g			Bertha	Campbe	11-1632-SI	harp St	reet
1B.	0 1		CAUSE	OF DEATH				ERVAL BETWEEN SET AND DEATH
DISEASES RISE TO TI UNDERLY OTHER SIG	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	CONTRIBUTING						
	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY No		20B. IF YES, WERE FILL IN CERTIFYING CAUS		
UNDERLYING UTING CA	AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Manth) (Day) (Yea	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	office bldg., INJURY	WHERE DID OCCUR?		ve exact location	n)
(APPROX.)		m. V	VHILE AT NOT	WHILE				
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	0/		1)	CHIEF M	EDICAL EX	AMINER -		ATE SIGNED
SIGNA		releas.	Cet M.D.	ASSISTANT M	EDICAL EX	AMINER X		9/9/65
EXAMI	NER'S	s S. Pet	M.D.	ASSOCIATE M				9/9/03
23A. BURIAL CR	EMATION, 238. DATE	23	C. NAME of CEMETERY	CREMATORY	23D. L	OCATION (City,	tawn, or count	y) (State)
Buria.		65 1	Mount Aubur			timore, Ci		
24A. DATE REC'I	BY HEALTH DEPT.	248. NAME	of REGISTRAR	Isai IO8	ah L.	rown and igomery St	Son ADDI	ESS
VS 151-REV. 1/1		7	5 5 0	8 7	V 6			

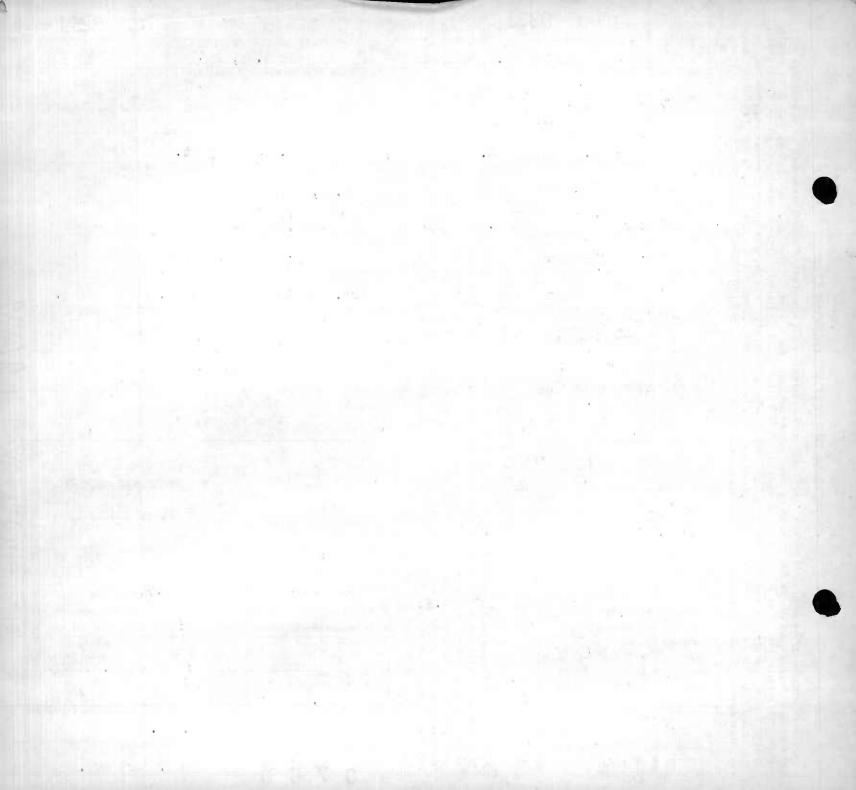


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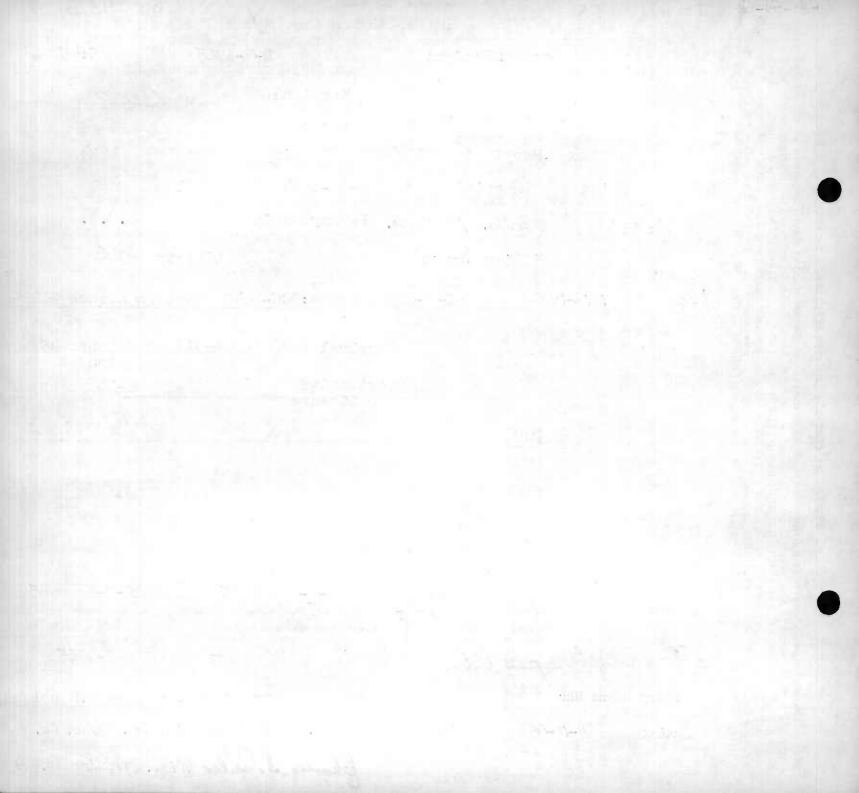


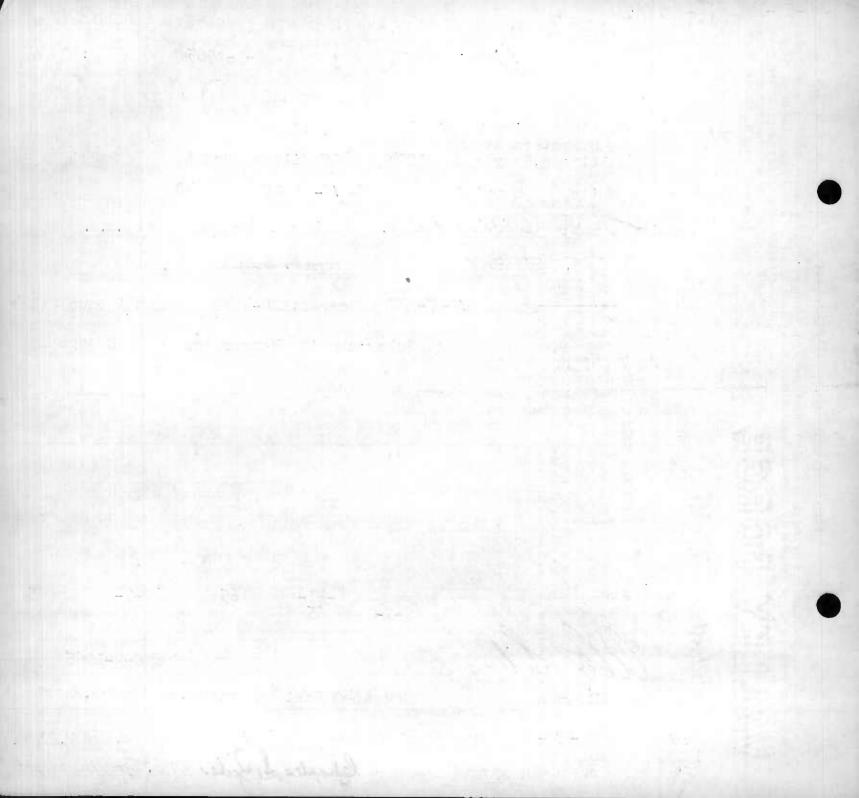
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3.		ZOFIA (S	OPHIE) D, WHERE PRONO	BOROWI CZ	4. USUAL RESID	ENCE (Where d	eceosed lived. If inst	titution: reside	10:55 a	nission)
l eu	LL NAME OF	(IE NOT IN U	SCOTAL OR INCTE	THEON COVE STREET	A. STATE Mar	vland	B. COL			
IIHO	SPITAL OR	ADDRESS OR	LOCATION)	TUTION, GIVE STREET	C. CITY OR TO	VN (If outside	corporate limits write	e RURAL ond	give township)
- 21						timor	0-	01		
20	41	3 Wolfe St			D. STREET ADD			/		
5.	SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRT	S. Wolf	9. AGE (In years	If Under 1	Yr. If Under	
	female	white		DIVORCED (specify)	3/23/9	9	lost birthdayl	Months D	Poys Hours	Min.
			of work 10 B. KIND C	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreign		12. CITIZEN	OF COUNTRY?	
dor	House	working life, even if ret Wife	ired)		Pola	and		100	land	
13.	FATHER'S NAM				14. MOTHER'S M	AIDEN NAME				
12.5	WAS DECEASE		Skowron	11. 50 51.1	Maria Litak					
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	injury or co	mplication which co	used deoth.)							
		ANTECENDENT CA		(B),						
	PISEMSES	OR CONDITIONS,	II ANI, GIVING	DUE TO						
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ATION	RISE TO TH UNDERLYIF	NG CONDITION L	AST.	(C)						
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ERTIFICAT	OTHER SIG TO THE DISEASE O	II SNIFICANT CONDITION L DEATH BUT NO OR CONDITION CAL F OPERATION 198.	ONS CONTRIBUTE T RELATED TO JSING IT. CONDITION FOR	(C)	20A. AUTOPSY		OB. IF YES, WERE FII			
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BALTIMORE CITY HEALTH DEPARTMENT

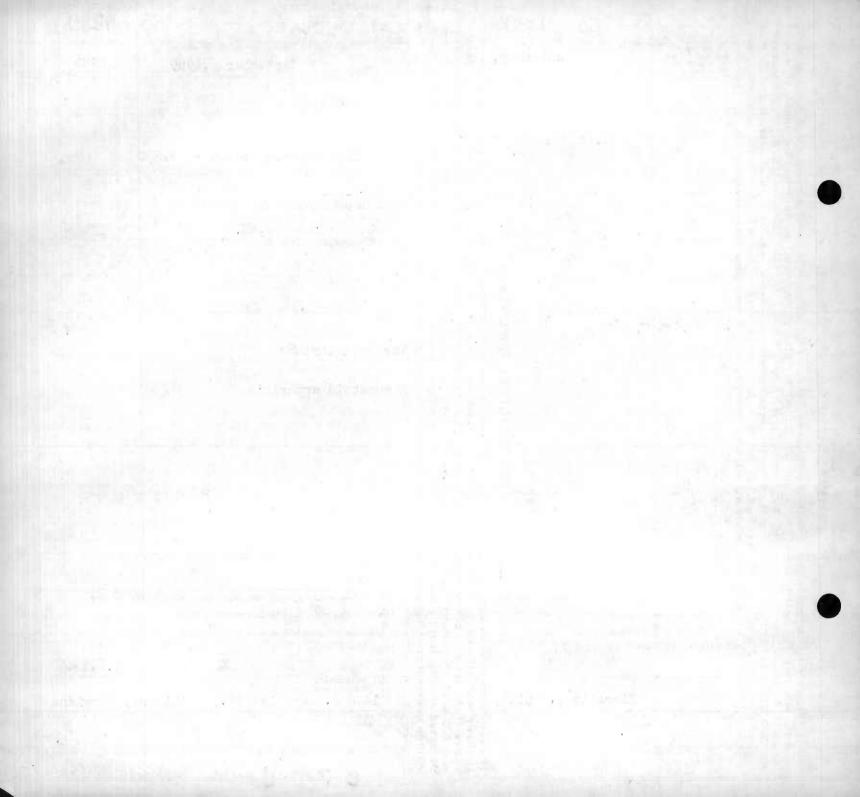
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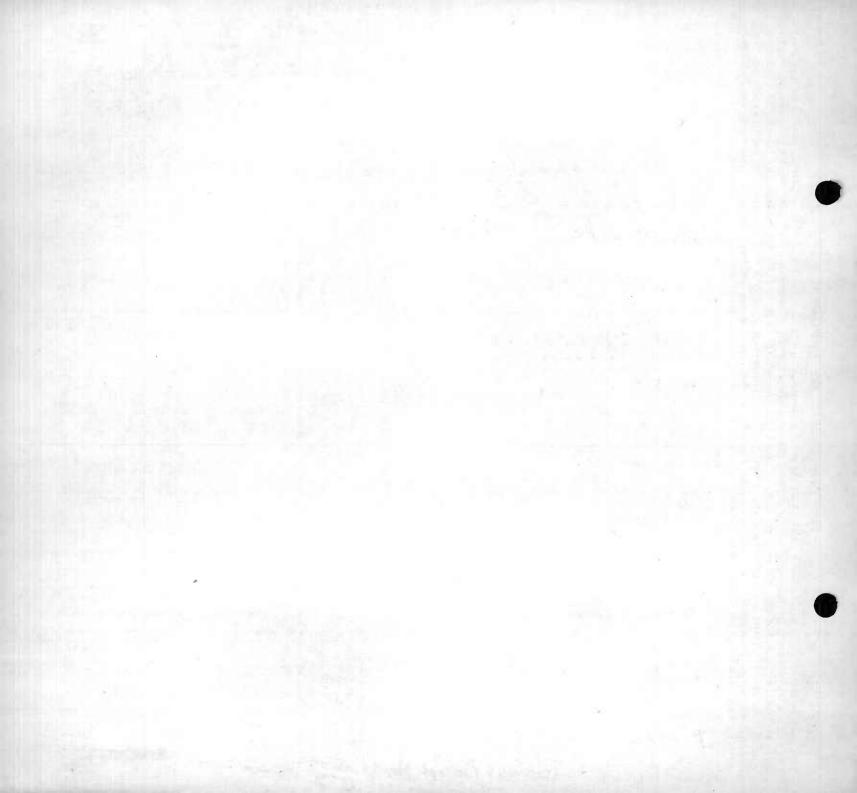
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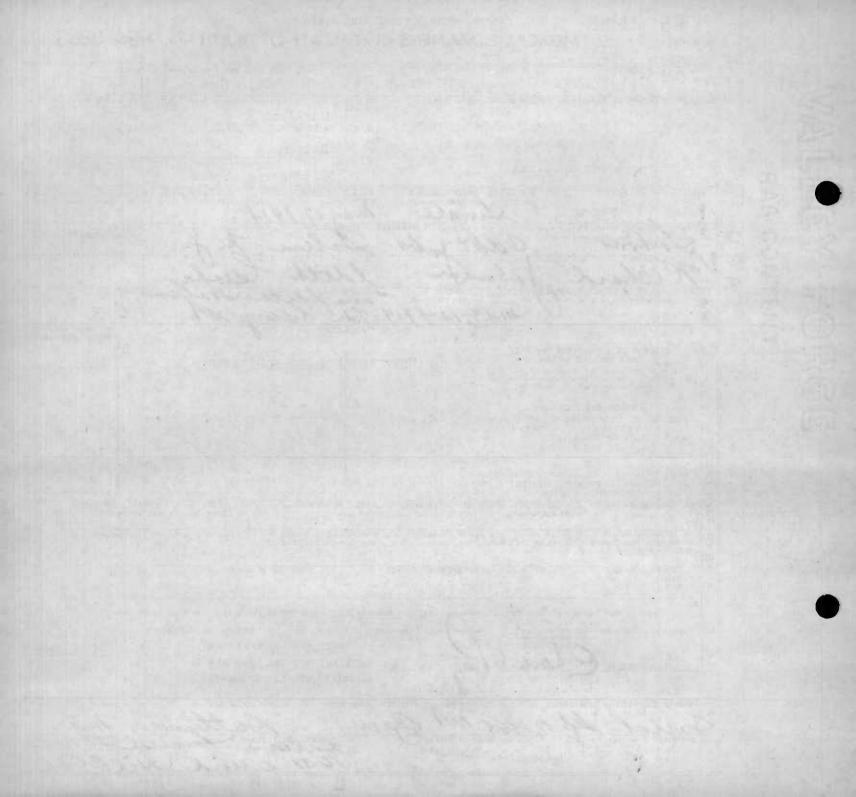
BIRTH NO. MEDICAL EXAMINER'S CE	RIFICATE OF DEATH Registered No.			
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print) JOHN BOOTH	September 7, 1965 2:00 P			
	September 7, 1965 2:00 P _M 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission B. COUNTY Maryland			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Sinai Hospital	D. STREET ADDRESS (If jurol, give locotion)			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs			
male negro WIDOWED, DIVORCED(specily)	8. DATE OF BIRTH 1 20 9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours Mi			
done during most of working life, even if selired	11. BIRTHPLACE (Stote or foreign country) 12. CLITZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
unknow.	Lualle Costes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17, INFORMANT ADDRESS			
Ges 373-12-1369	monther Booth Son			
18. 4 16 2 Y . CAUSE	OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
LEADING TO DEATH (A) Hypert	tensive and arteriosclerotic			
heart failure, asthenia, etc. It means the disease.	diovascular disease			
injury or complication which caused death.)				
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
0				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION				
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
₹ 21A. EXTERNA! CAUSE WAS 218. PLACE OF INJURY (e.g., in	yes yes n or about 21C. WHERE DID (If in Boltimore City, give exact location)			
UNDERLYING OR CONTRIB-	fice bldg., NJURY OCCUR?			
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
(APPROX.) m. WORK NOT W	/HILE			
22.	opsy X ond that on this basis, death In my opinion			
resulted from: Notural causes X Accident 7 Suicide				
) ha	CHIEF MEDICAL EXAMINER			
SIGNATURE SIGNATURE SIGNATURE	ASSISTANT MEDICAL EXAMINERXX			
	ASSOCIATE MEDICAL EXAMINER 9/8/65			
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF	CREMATORY 23D. LOCATION (City, town, or county) (State)			
Bunch 9-10-1965 Balto Nat	Coul Balto mel			
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS			

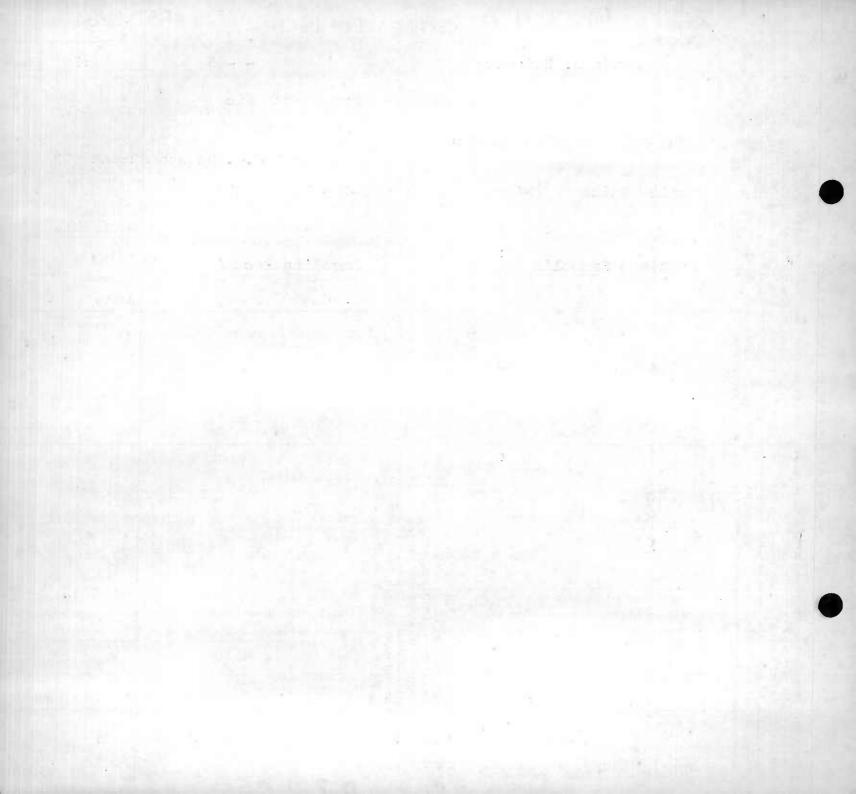
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V-	410	BIRTH NO.	65 92	282	CERTIFICA	TE OF DEATH	Registered No.	0000
1	of death of death Deceased e on the	M.E. CASE NO.			CERTIFICA		0.0	9282
	and ase th th	Type or Print)				2. DATE A	ND HOUR OF DEATH	1-05
	- 9 6 6 -	L.	ASSIE MI	AE PH	11CLIPS	Lei	UT 9, 1965	12 AM.
	the Dot		TH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh A. STATE 8. COU	ere deceased lived. If ins	titution: esidence before odmission)
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	se (5) and de	FULL NAME OF	 (If not in hospital oddress or location 	or institution, giv	e street	Maryla	ed -	100
		INSTITUTION	oddiess of locollot			C. CITY OR TOWN (If o	utside city limits, write RL	JRAL and give township)
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	in att	42	-11-11	-1-0		D. STREET ADDRESS	f rurol, give location)	24
	ed in ting d cau r att prior e.	Muver	Lely TTOY	nerel		701 W.	Malber	re fl.
12.7	FS e B	5. SEX	6. RACE	7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
	contribucourri		11	al d	DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
	o unit	MA HEHAL OCCIL	BATIONI (Give kind of work	1	VERREAL INDUSTRY	11. BIRTHPLACE (State or for	mina country)	12. CITIZEN OF
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	de de Sie	13. PATHER'S NAM	E			14. MOTHER'S MAIDEN NA	AME	
	÷ 0€ 3 + 4 od	-						
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4	stant ne di ind; leath e on	15. Was Deceased	Ever in U. S. Armed For (If yes, give wor or dote	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT	1 1	ADDRESS
	ist kin de ce	Na			No. of Concession	blandal	lacarda	
2	d d d	120	- 17		CAUSE O	- PEATH POLICE	receive	INTERVAL BETWEEN
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		heart failure, o	at mean the made of asthenia, etc. It means	the disease,	DUE TO			
~	er. er. pro lar	injury or comp	plication which coused	death.)	Eh	contain in		
CTOR:	miner iner. fractu o pro gular emba	A	NTECEDENT CAUSES		(B) TC	welklon		10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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FUNER	d d d	19A. DATE OF	OPERATION 198. CON	IDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or h	No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
Z	chief dan Body the ysicie	19A. DATE OF	WAS PERI	FORMED		Ges	IN CERTIFYING CAU	SES OF DEATH?
	by chi	U 21A. ACCIDEN	T WAS UNDERLYING	21 B. PI	LACE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If in Boltimore	City, give exact location).
1		OR CONTRIBU	THE CAUSE OF	home,	form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?		
	by the pital whe whe does	U	medical examiner	etc.)				
	4 6 5 5 B	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E, II	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
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	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	that (I) (we)	last saw the decease	ed alive an	Leas 7	19 6 5 and 1	that in (my) (our) apin	ian death accurred an the date
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	st be ased dent bspit deat must	23A. SIGNATUI		1)	107 (010 1101)	100 110 2007 0110. 00011		23B. DATE SIGNED
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	-	24A BURIAL CREE	AATION, 24B, DATE	1340 NA	1027	CALATORY 1010	LOCATION (C)	town or country (Santa)
	E \$50.00	24A. BURIAL CREA REMOVAL (S	AATION, 24B. DATE	24C. NAA	AE of CEMETERY or CRI	Z4D.	LOCATION (City	, town, or county) (State)
	bod bod ws: D.C	BuriAL	- G-12-	651 Lun	muillo Co.	man:	Armville	VA.
	. 4 5 6 =		BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C FUNERAL DIRECTO	R	AODENSS
	This certify the body shows: (1) was D.O., deceased written a	SEP 10	1965 (1200)	JE . Jay	DEUMIN		The state of the s	10101110101
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		VS 150-REV. 1/1/6	5	LA	Emville, U	1.0 7 /	(/	



BIRTH NO.	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH Registered No.			
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)	JAMES JOHNSON	September 8, 1965 7:52 P			
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland			
FULL NAME OF (IF NOT HOSPITAL OR ADDRE	IN HOSPITAL OR INSTITUTION, GIVE STRE SS OR LOCATION)	C. CITY OR TOWN (If autside carporate limits, write RURAL and give township) Baltimore			
39 Providen	t Hospital	D. STREET ADDRESS (If rurol, give locotion) 755 George Street			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED				
Male Neg	ro WIDO WED, PIVOR GED (specify	may 17, 1914 lost birthday Manths, Days, Haurs, Min.			
dane during most of varking life	ve kind of work 10B. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHER ACE (State or foreign country) Allew W. 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	& Lehnson	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN		TINFORMANY 1. The Stilsmadoress			
(Yes, no ar unknawn) (If yes, give	war ar dates of service) SECURITY NO	111 The Surge of the 63.			
18. 11. 4 2 X		CAUSE OF DEATH INTERVAL BETWEEN			
DISEASE OR CON	NOITION DIRECTLY	ONSET AND DEATH			
(This does not mean t	he made al dying, e.g., DUE TO	Hypertensive Heart Disease.			
(This does not mean the made al dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
DISEASES OR CONDI	ENT CAUSES TIONS, IF ANY, GIVING AUSE (A) STATING THE TION LAST.				
<u>0</u>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION TOR WHICH OPERATION WAS PERFORMED 100. 10					
19A. DATE OF OPERATION		ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bidg.					
21D TIME (Manth) OF INJURY (APPROX.)	(Day) (Year) (Haur) 21E. INJURY OCCI	NOT WHILE AT WORK			
22. I certify that I I		Autopsy X ond that on this basis, death in my opinion			
resulted from:	Notural causes & Acgiden	Suicide Homicide Undetermined manner			
ACTUAL SIGNATURE(O Laules Colle	CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER O / O / 65			
EVAMINEDIC	Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER 9/9/65			
	23B. DATE 23C. NAME OF CEM	METERY or CREMATORY 23D. LOCATION (City, town, or county) (State)			
Burial &	sept. 11, 1965 M.	from Buttymore, hid.			
SEP 1 0 198	3 Pole & E. Janky M. A.	24C. EUNERAL DIRECTOR Suneul ADDITION ONE			
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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

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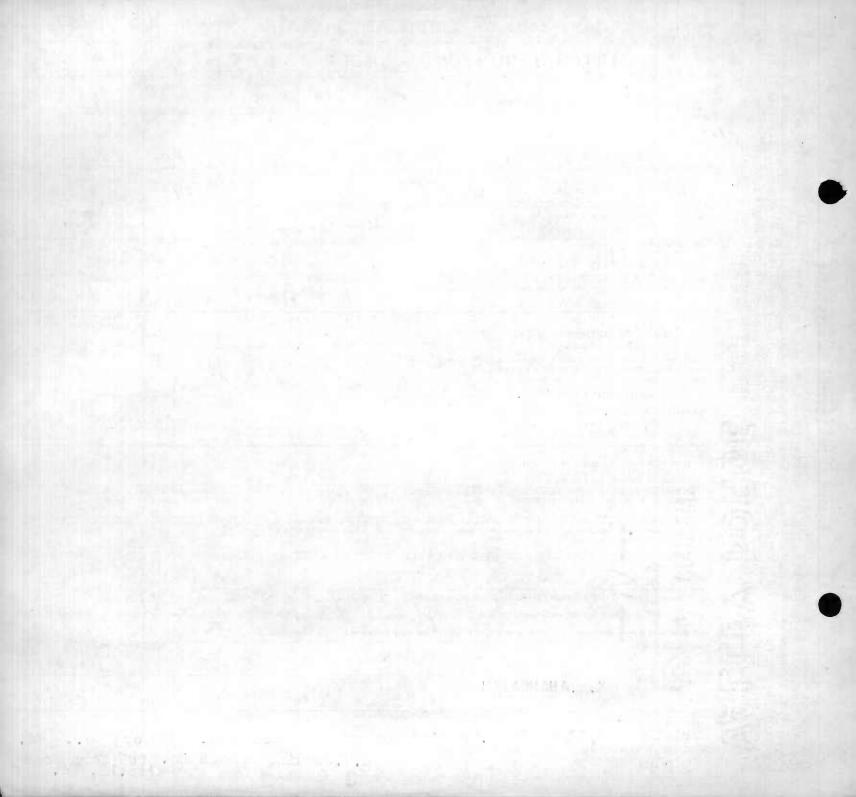
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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



HOERT M. UHITLOCK

BALTIMORE CITY HEA					
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 65 9289				
M.E. CASE NO.					
(Type or Print) WALTER KEHS (Walter J.	Kehssr.) September 8, 1965 6:45 A.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
Union Memorial Hospital	D. STREET ADDRESS (If rurol, give location) 511 E 30th Street				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED					
WIDO WED, DIVORCED (specify)	lost birthday) Months, Days, Hours, Min.				
male white Married TOA. USUAL OCCUPATION (Give kind of work) OR. KIND OF BUSINESS OR INDUSTI	Feb. 5, 1887 RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF				
done during most of working life, even if retired)	WHAT COUNTRY?				
Guard Burns Detective Agency 13. FATHER'S NAME	Baltimore Maryland USA 14. MOTHER'S MAIDEN NAME				
Lelander Kehs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Anna				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknown), (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
no 212 10 2751	Mrs Georgia M. Kehs 511 E. 30th ST				
18. — 10 4. CAUS	SE OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH	ltiple traumatic injuries				
medit lottore, districtio, etc. It liteotis the discose,					
injury or camplication which coused death.)					
ANTECENDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
UNDERLYING CONDITION LAST.					
0					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION WAS PERFORMED					
DISEASE OR CONDITION CAUSING IT.	Local Augentura W. M. Tilona M. W.				
	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES				
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDING CAUSE OF DEATH.	, in ar obout 21C. WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?				
UTING CAUSE OF DEATH. etc.7 Street	York Rd. near Windwood Road				
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED					
(APPROX.) 9 7 65 11:07 WHILE AT NOT AT \	WHILE XX Pedestrian struck by auto				
I certify that I held an Inquiry Inspection A	utopsy X and that an this basis, death in my apinian				
resulted fram: Natura causes Accident X , Suici	de Hamicide Undetermined manner				
1/11	CHIEF MEDICAL EXAMINER				
ACTUAL Washington	ASSISTANT MEDICAL EXAMINER X				
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 9/8/65					
NAME (Type) Rudiger Breitenecker, M.D.					
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
Burial 9/11/65 Baltimore	Baltimore Maryland				
24A. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
SEP 1 0 1965 R. D. B. E. Farleyma	HENRY SANDER & SONS INC.				
VS 151-REV. 1/1/65 \ / (2)	BALTIMORE MARYLAND 21213				

40-00-65				BALTIMORE CIT	HEALTH DEPARTMEN		0000
CRE	BIRTH NO.	65 34		CERTIFICA	TE OF DEAT	H Registered Na	5 9290
A - U	I. NAME OF D				2. DA1	E AND HOUR OF DEATH	
1 1 1 T 0 E	(Type or Print)	NOAH DUPREE			9.	-9-1965	1 3:25 A. M.
The Dot	3. PLACE OF I	NUAH DUPREE	RYLANDERI	DED	4. USUAL RESIDENCE	(Where deceased lived, If in	3:25 A. M. stitution: residence before odmission
hospital ise of (5) Dec ance or death.	FULL NAME	OF (If not in hospital	or institution, give	street 9-30-65		,	
a hocause se; (5	HOSPITAL O	K 0001000 01 100011011			C. CITY OR TOWN	(If outside city limits, write	(URAL and give township)
- 7	1	Baltimore	City H	ospitals	Baltimore	9	1
ed in ting d cau r att	51/	4940 East		nue and ,#21 22 ¹	D. STREET ADDRESS	(If rurol, give location)	// 0 + 0 0)
F 3 0 5 0	5. SEX		7 MARRIED NE	VER MARRIED	B. DATE OF BIRTH	tern Avenue,	#21224
occurre ontribut ermined regular eased p	Male	Negro	WIDOWED, D	Married	Feb. 15, 191	9. AGE (In years lost birthday)	Months Doys Hours Min,
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or condet	Labore	of working life, even if retired)			North Car	rolina	U.S.A.
de de de sit constitution	13. FATHER'S N				14. MOTHER'S MAIDEN		0.D.A.
# 9€ 3± °	Noch D	pree Sr			0-774 - 11		
dir dis	15. Wos Deceos	sed Ever in U. S. Armed Fore wn) (If yes, give wor or dote:	ces? 16	- SOCIAL	Sallie Har	ris	ADDRESS
RTAN ssistan the d the d kind; deat	(Yes, no or unkno	wn) (If yes, give wor or dote:	s of service)	SECURITY NO.	DEGODDG. T	odi lolo n	
	18. / 4.	2 0 1		CALISE	RECORDS: I	3CH, 4940 Ea	INTERVAL BETWEEN
IR: IMPO ner or his a er. Also, if cture of an pronounced lar attendo		ASE OR CONDITION DIR	ECTLY			gmoid Colon	ONSET AND DEATH
IMPC or his Also, i e of an nounce attend med o		LEADING TO DEATH			ırrent		18 months
0 2 5 5 5	(This does	nal meon the made af re, osthenia, etc. It meons	dying, e.g., The disease,	DUE TO			
OR: niner iner. ractur pror	injuly ar o	amplication which caused	deoth.)				
camin camin A fr		ANTECEDENT CAUSES		DUE TO		***************************************	
RECT Lexan exan (3) A in re s are		OR CONDITIONS, if the abave cause (A)		(C)			
Cal examiner al examiner.	UNDERLY	NG CONDITION last.		***************************************		00 00 00 00 00 00 00 00 11 H 0 0 11 0 000 H 0 14 0 10 H 0 11 0 11	
	Z OTHER SIG	II SNIFICANT CONDITIONS C	ONTRIBLITING				
	O THE DISEASE O	DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE	Po	ssible Pneu	monitis	
FUNERA ne chief m by a mer 2) Body bu re the phy physician fore the re	19A. DATE	OF OPERATION 19B. CON	DITION FOR WHI		20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
chief y a n Body the p			OKMED		Yes	Yes	
T 5-4 4 5 0 5	OR CONTR	DENT WAS UNDERLYING THE	21 B. PL. hom e,	ACE OF INJURY (e.g., form, foctory, street, c	Yes in or obout 21C. WHERE D ffice bldg., INJURY OCCU	ID (If in Boltimore R?	City, give exoct locotion)
1 0 0 0 0	11 (1)	tify medical examiner	610.7				6
4 5 5 6	OF INJURY	(Month) (Doy) (Year)		JURY OCCURRED		NJURY OCCUR?	
proved the hoinny nat ny nat and (6	(APPROX.)		While Work	At Work			
pro the an	22. I certi	ify that (1) (this hospital					otember 9, 19 65.
ap to to he he he	that (I) (w	e) last saw the decease	d alive an S	eptember 9	19.65 ar	nd that in (my) (aur) api	nian death accurred an the date
st be a assed to lent of spital death)	and hour	ond from the couses sta	ed above. (I) (We) (did) (did not)	view the body ofter de	ath.	
ust be a tased to dent of ospital death)	23A. SIGNA	TURE	ALLO RE	M.D. Att	ending	Stoff -	23B. DATE SIGNED
			Mulhu	Phy	ending Med. Director	Stoff Phys. X	9-9-1965
was r An at Prior	23C. PHYSIC	(Type)	THUD		23D. ADDRESS		
	044 611014	DR. A. P	MATHUI	R M.D.	4940 Easte	ern Avenue,	Balto., Md. 2122
\$ 60.5¢ £;	KEMOVA	L (Specify)		E of CEMETERY of CI			ty, town, or county) (Stote)
This certif the body shows: (1) was D.O deceased	Burial	1.7 -7		uburn Cemet		Balto., Md.	ADDASS
This of the backwas was decended	SEP 1	0 1965 A 0 B	25B. NAME OF		25C. FUNERAL DIRE	h 928 E. North	ADDRESS
F- 4 > 0 >	VS 150 BEV 1	1/45	E Fail	24.0	O O O	A AND E. MOTOR	

Marriage record & Widow's Affidavit 9-30-65 M.H.

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24B, NAME OF REGISTRAR

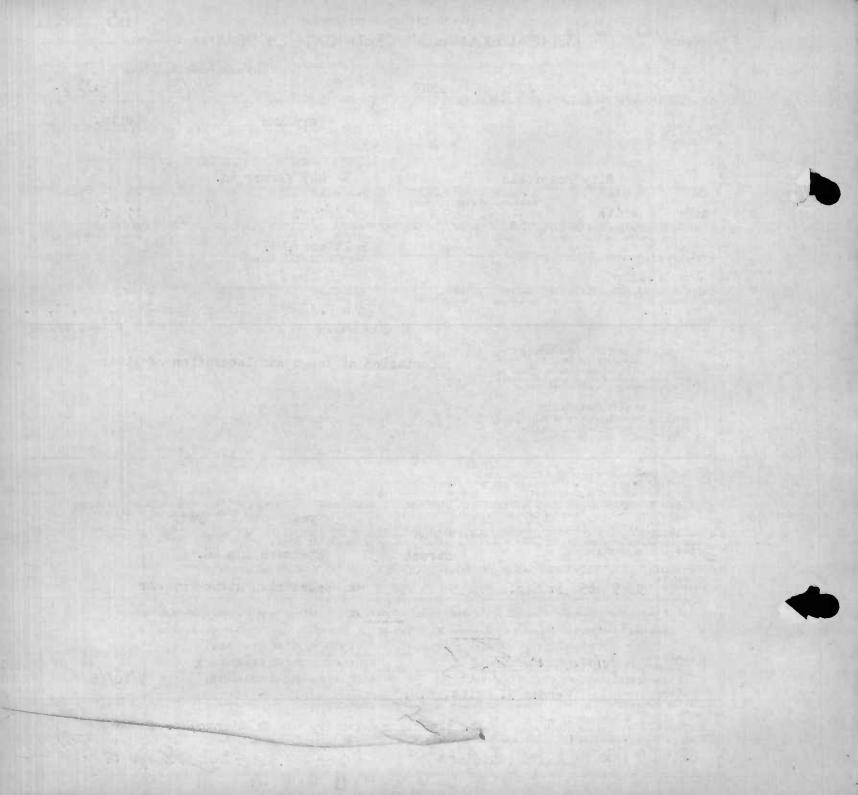
24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

George A. Weber 705 Penge Wille

24C. FUNERAL DIRECTOR





vs 153 signed by funeral director. C. Bowens 9/27/65

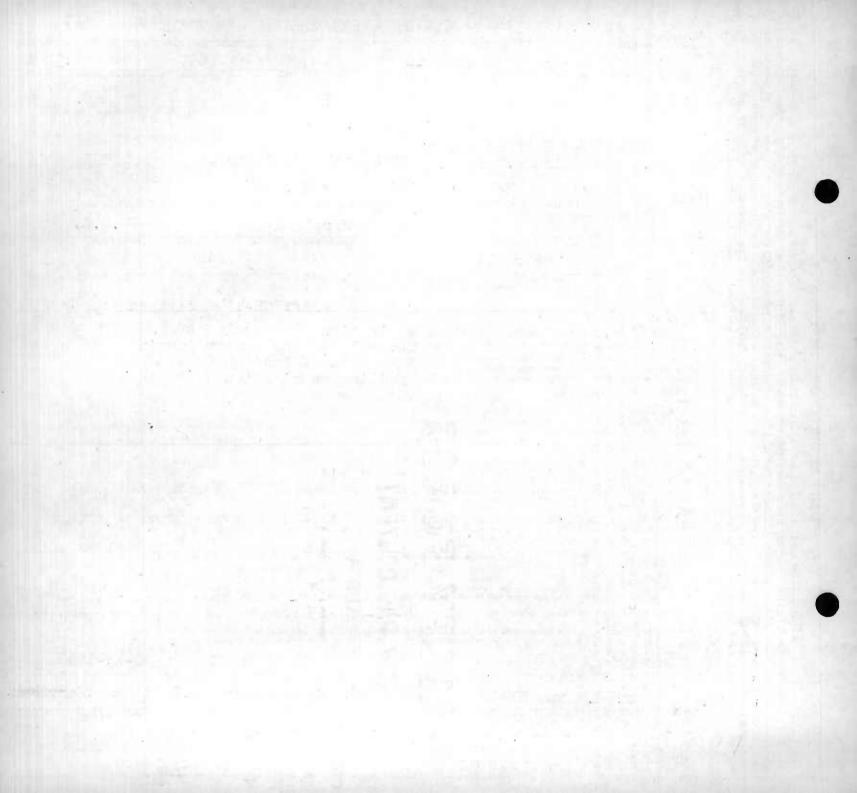
DIRECTOR:

FUNERAL

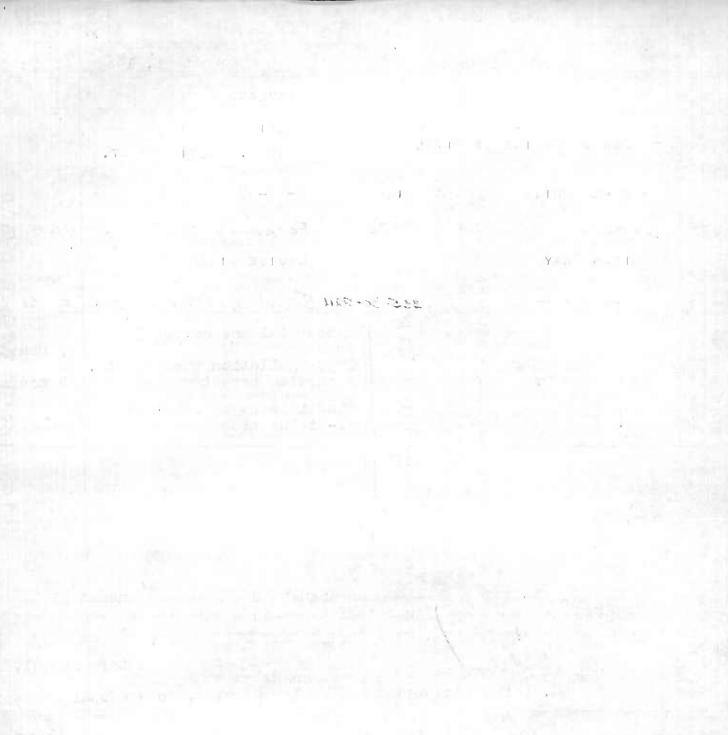
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) -11 1	BALTIMORE CITY HEALTH DEPARTMENT	
DED OF	BIRTH NO. 65 9294 CERTIFICATE OF DEATH Registered No.65 929	14
of death Of death Deceased e on the	I. NAME OF DECEASED	
de de one	(Type or Print) Mary Line horass Sout 8/65	M.
hospital ise of d (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE B. OOUNTY	befare admission)
5 000	FULL NAME OF (If not in/hospital or institution, give street)	04
	HOSPITAL OR address at lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give to	awnship)
	1 1 Bellinger	
ed in ting d cau	D. STREET ADDRESS (If rural, give lacation)	7
ar ar	228. lethola 20 D. lethal a	w
occurred ontributi ermined regular	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days	If Under 24 Hrs. Hours Min.
000000	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
or con	done during most of warking life, even if retired) Overn H Cinnapoles Md WHAT CO	INTRY?
rifd irect (4) U the	13. FATHER'S NAME	
	Wiele monor	
4 10 50	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give way ar dates at service) 16. SOCIAL SECURITY NO. 17INFORMANT 225 ADDRI	25 Cl
Ssissis A A D OIL	Glecards German Ho	me
A 10 11 m	ONSET	AL BETWEEN AND DEATH
4007+	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DAD ALE TO DE ATH LEADING TO DEATH	
Als Als	(This does not mean the made of dying, e.g., DUE TO	
OR: iner. ractu pro	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death,)	17
F = C+ 00	ANTECEDENT CAUSES COMMENCEULAFICE CANCELO - VOSCUL	ar
examixamixamixamixamixamixamixamixamixami	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C) Published & Mysicarolial Walnut	1.7
₩ _ 0 0 c.E	UNDERLYING CONDITION last.	SA Salar J.
medica medical burns; hysicia	Z CHICA CONTROLL CONTROLLING + Laluez/	
ERAL medic dy burr p physician w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Chief chief y a m Body the p	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSI	DERED
FUT by by 2) B 2) B 70 of	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID (If in Baltimate City, give exact	Inne Kanal
+ = 000	OR CONTRIBUTING CAUSE OF home, factory, street, affice bldg., INJURY OCCUR?	10001017
0.0 7 ≥ 2.	D 21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
roved be hospy natu	OF INJURY (APPROX.) While At Not While At Wark At Wark	
0 0	22. I certify that (I) (this hospital) attended the deceased from June 1960 to 9 Next	1965.
of a to	that (1) (we) last saw the deceased alive an 9 19 09 and that in(my) (aur) opinion death acce	
0 - 0	and haur and fram the causes stated above. (1) (We) (did not) view the bady after death.)
ust be sased dent nospit deat	23A. SIGNATURE	ED _
20.5	M.D. Attending Med. Director Staff Phys. Director Staff Phys.	et 63
This certificate m the body was reli shows: (1) An acci was D.O.A. at a b deceased prior to	23 O. ADDRESS NAME (Type) 23 D. ADDRESS	0.
certificate body was 1 vs: (1) An a D.O.A. at	CAA BURIAL CORMATION CLUB DATE (1960 NAME & COMMITTED C	x cer
This certification the body shows: (1) was D.O.	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county REMOVAL (Specify)	y) (State)
This cert the body shows: (1 was D.O.	Duriel 25A, DATE REC'D BY HEALTH DEPT! 25B, NAME OF REGISTRAR 125C, FUNERAL DIRECTOR AD	CA
This the back was	SEP 10 1965 Republic Administration of Registrar 256, Funeral Director 41016	DRESS CCC
. + 0, > 0	of the same of the	DREEN

Carlo Regnatory to son a tempoleration to the winding peliste o Mysecarchy House



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REMOVAL (Specify)

VS 151-REV. 1/1/65

(City, town, ar county)

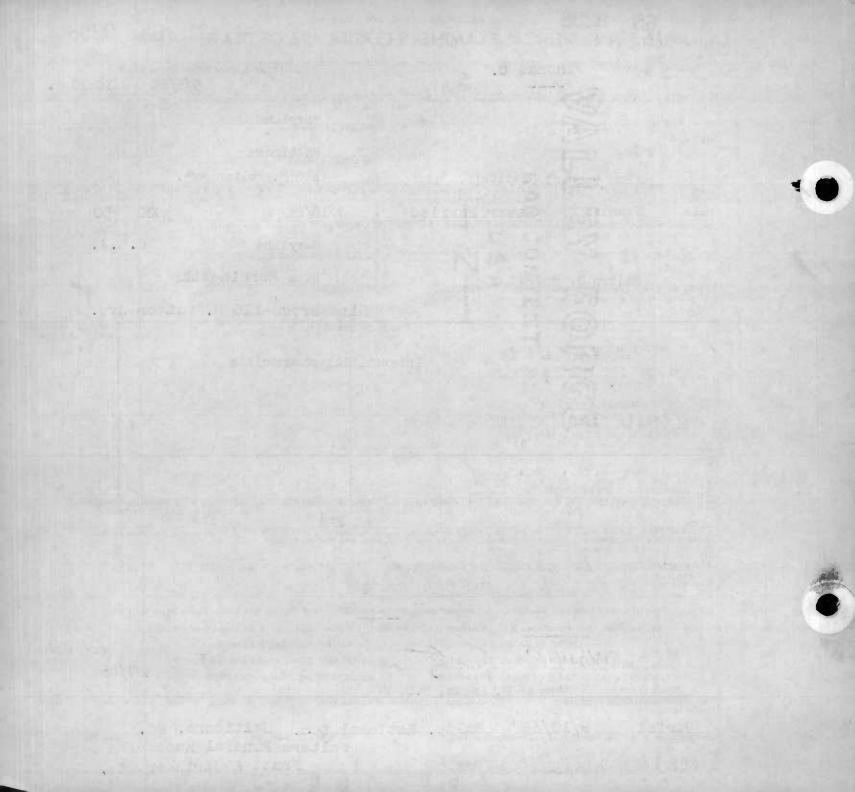
ADDRESS

Baltimore, Md.

Pratt & Stricker Sts.

National Cem. Baltimore, M PAC. FUNERAL DIRECTOR Walters Funeral Home

(State)



Letter from Union Memorial Hospital 9-20-65 M.H.

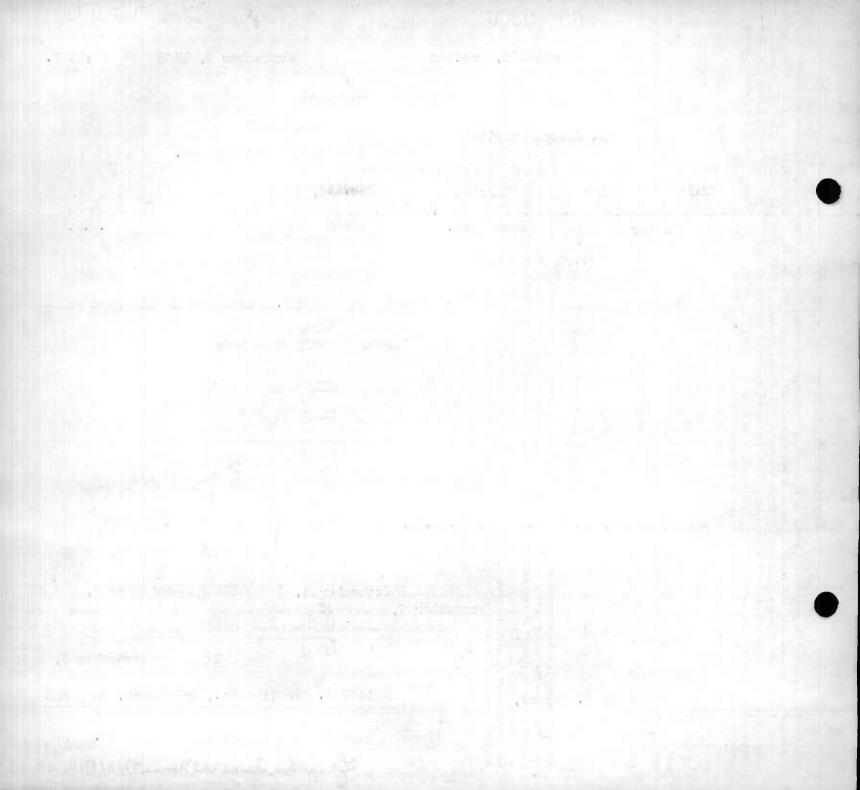
IMPORTANI

DIRECTOR:

FUNERAL

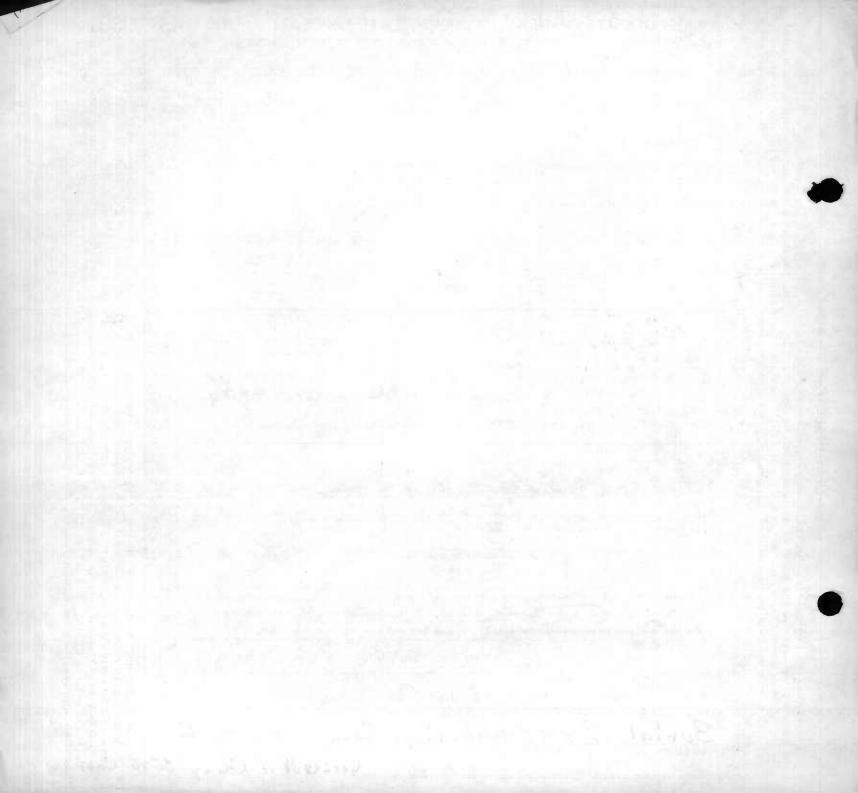
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased on a D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such except approval must be obtained before the remains are embalmed or final disposition is made.
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65-22364	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. DO JE	CERTIFICA	TE OF DEATH Registered	No.5 9301
M.E. CASE NO.		2. DATE AND HOUR OF DE	EATH
Type or Print) Buby	tenm.	8-31-6	5 11'0 A.
3. PLACE OF DEATH IN BALTIMORE		4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	. Il institution: residence before admissio
EIRT NAME OF AS OF AS	enited as incellenting over the second	1 0 0	4
HOSPITAL OR oddress or lo	spital or institution, give street		write RURAL and give township)
Mercy Hos	pital	Baltimore	377-44
Theres has	Prison	D. STREET ADDRESS (If rural, give location	n)
		6002 Walth	ner Quenue
6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H
FW	WIDOWED, DIVORCED (specify)	8-31-65 lost birthdoy	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind o	of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if ret	ired)	Maryland.	WHAT COUNTRY?
Child		· ·	U.S.A.
3. FATHER'S NAME	(1)	14. MOTHER'S MAIDEN NAME	
Mr. Willia	im L. Henm.	Alice E. Her	
5. Was Deceased Ever in U. S. Arme Yes, no or unknown) (11 yes, give war or	ed Forces? r dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	3200111 1101		
18.	CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION	N DIRECTLY		ONSET AND DEATH
LEADING TO DE	11	molytic disease of n	ewborn.
(This daes not mean the made		1917	
heart failure, asthenia, etc. It m injury or complication which ca		1111	
ANTECEDENT CAL	USES (B) DUE TO	4 incompatibility.	
DISEASES OR CONDITIONS,			
rise to the above cause			
UNDERLYING CONDITION las	ī.		
OTHER SIGNIFICANT CONDITION	NE CONTRIBUTING	1 - 1	
E TO THE DEATH BUT NOT	RELATED TO THE	Hematurity	
	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	VERE FINDINGS CONSIDERED
	S PERFORMED Hemolytic disea	IN CERTIFYING	CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYII	NG 218. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in Bo	Itimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
2		21E HOW DID INTUING OCCUPA	
OF INJURY	Yeon) (Hour) 21E, INJURY OCCURRED While AtNot Whi	21F. HOW DID INJURY OCCUR?	
(APPROX)	Work At Work		
22. I certify that (1) (this has	pitol) attended the deceosed from	8-31 1965 to	8 - 31 196
that (I) (we) lost sow the dec	F-3		opinion deoth occurred on the c
	stoted obove. (I) (We) (did) (did nat)		
23A. SIGNATURE	10 11	or source desires	23 B. DATE SIGNED
	M.D. AH	ending Med. Stoff	8-31-65
23C. PHYSICIAMS	Stiellow Phy	23D. ADDRESS	0 01 00
23C. PHYSICIAN'S NAME (Type)	Clalta	March Hagni	
Petty >	. The ITOM M.D.	LINELCY LOSSI	140
REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State
Burial 9-1	1-65 Mendoulvidao	Cem Howard C	so Md
25A, DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
SEP 13 1965 R.C.	e b & Fallenna E 1	Gertre 18 A HO	5646 Carville 1
'S 150-REV. 1/1/65		The desire of the second	



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hospital

occurred

CERTIFICATE OF DEATH Registered Na. BIRTH NO. of death Deceased Such M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND LO 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY death. attendance MARYLAND C. CITY OR TOWN FULL NAME OF (If not in haspital or institution, give street address or location) (If autside city limits, write RURAL and give township) canse; INSTITUTION BALTIMONE SINAI HOSPITAL OF BALTIMORE contributing VIRGINIA AVENUE etermined in regular 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Un Manths! Days Hours eceased is ma WIDOWED, DIVORCED (specify) I-EMALCI CAUCASIAN 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? dane during most of working lite, even if retired) (4) Und Housewife Baltimore, Md. At Home Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John McGlone Ellen Maloney death 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, na ar unknawn) (II yes, give war ar dates of service) SECURITY NO. attendance Mr. William Chamberlain, 3414 Virginia Ave. no none any pronounced CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH TYOCARDIAL INFARCTION HOURS (This does not meon the mode of dying, e.g., mbal 9 hearl loilure, osthenia, etc. It means the disease, injury or complication which caused death.) ASCVD regu ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost main Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) where hospital 0 DEATH (natily medical examined any nature; MEDI (Month) (Dayl (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E INJURY OCCURRED 9 OF INJURY (except While At Nat While ! (APPROXI pup Work At Wark 22. I certify that (1) (this hospital) attended the deceased from SEPT. 19 65 to SEPT _____19____6_5____and that in(my) (aur) apinian death accurred an the date SEPT. 11 that (I) (we) last saw the deceased alive an..... hospital death) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stall Phys. 0 23C. PHYSICIAN'S prior 23 D. ADDRESS t o Sinai Hosp. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY eceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) Cathedral Cemetery Burial Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 4611 Park Height's Ave. ruon demmon VS 150-REV. 1/1/65

Charles at the second of the second Application of the second

A PARTY OF THE PAR IMPORTANT

FUNERAL DIRECTOR:

BIRTH NO. M.E. CASE NO.	65	9303	CERTIFICA		N	Registered No.	65 9302
I. NAME OF DE						HOUR OF DEATH	0000
Type or Print)	Thomas	Willia	m H.			9, 1965	8:40 A.
FULL NAME HOSPITAL OR	OF (If not in hospital oddress or location	or institution,	give street	4. USUAL RESI A. STATE Marylar C. CITY OR TO	B. COUN	TY	stilution: residence belore odmission
	St. Joseph I	Hospital		Baltimo	ore #34	rurol, give location)	53-00
- SEX	6. RACE		NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	II Under 1 Yr. , If Under 24 H
Male	White	Widow		10-21-8	37	lost birthdoy) 77	Month's Doys Hours Min.
one during most of	working life, even if retired) houseman		BUSINESS OR INDUSTRY an Railway Ex			gn country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NA		MIGLIC	all real tway in.	14. MOTHER'S		AE	• • • • • •
» TAIRERS NA	George Th	omas		14. MOTHER'S		lara Unknow	n
5. Wos Decease res, no or unknow NO	d Evet in U. S. Armed For n)(II yes, give wor or dole	ces? es of service)	16. SOCIAL SECURITY NO. 092-03-5827	Mr Wh		H. Thomas 29	ADDRESS 902 Willoughb
18. 33 DISEA	SE OR CONDITION DIE	RECTLY	CAUSE O	bdural he	ematoma		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGN	OR CONDITIONS, if the obove couse (A) G CONDITION lost. IIIIIIICANT CONDITIONS CONDITIO	Sloting the	G				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	21 B. hom etc.	PLACE OF INJURY (e.g., in te, lorm, foctory, street, of)	or obout 21 C. W	HERE DID Y OCCUR?	(If in Boltimore	City, give exect locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ile At Not While rk At Work		OW DID INI	URY OCCUR?	
that (1) (we) lost sow the decease	d olive on	Sept. 9,	1965.	and the		ept. 9, 19 65
ond hour or 23A. SIGNAT		red obove. (I) (We) (did) (did not) v	iew the body o	ofter deoth.		23 B. DATE SIGNED
23C. PHYSICI	NR some	arcs_		nding	Med. Director	Stoff Phys.	Sept. 9, 1965
NAME (Govinda R	ao,	M.D.		Carolin	ne St., 2121	.3
REMOVAL			AME of CEMETERY OF CRE		100		ty, town, or county) (Stote
Buria	SI 9-13-1 D BY HEALTH DEPT.	, -,	rkwood emeter		Ba Ba Ba Ba	ltimore Co.	ADDRESS (36)
SEP 1	3 1965	CITO	12.50 8 0	Topop	In From	meral Home	7401 Belan Ros

See Letter in file - Bur of Broshhiles

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BALTIMORE CITY HEALTH DEPARTMENT

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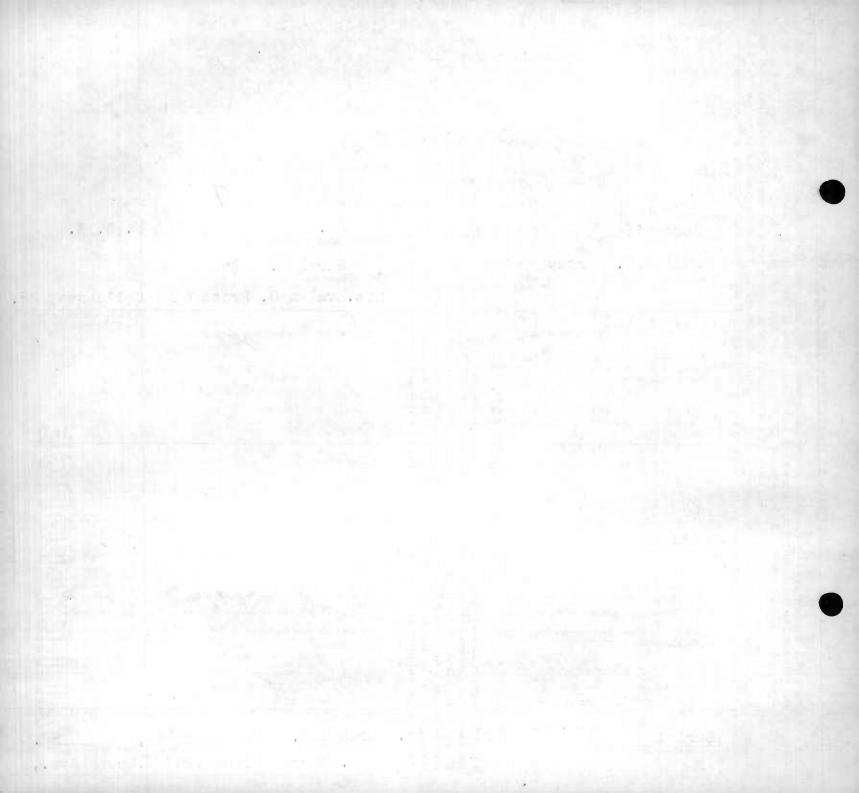
IMPORTANT

DIRECTOR:

FUNERAL

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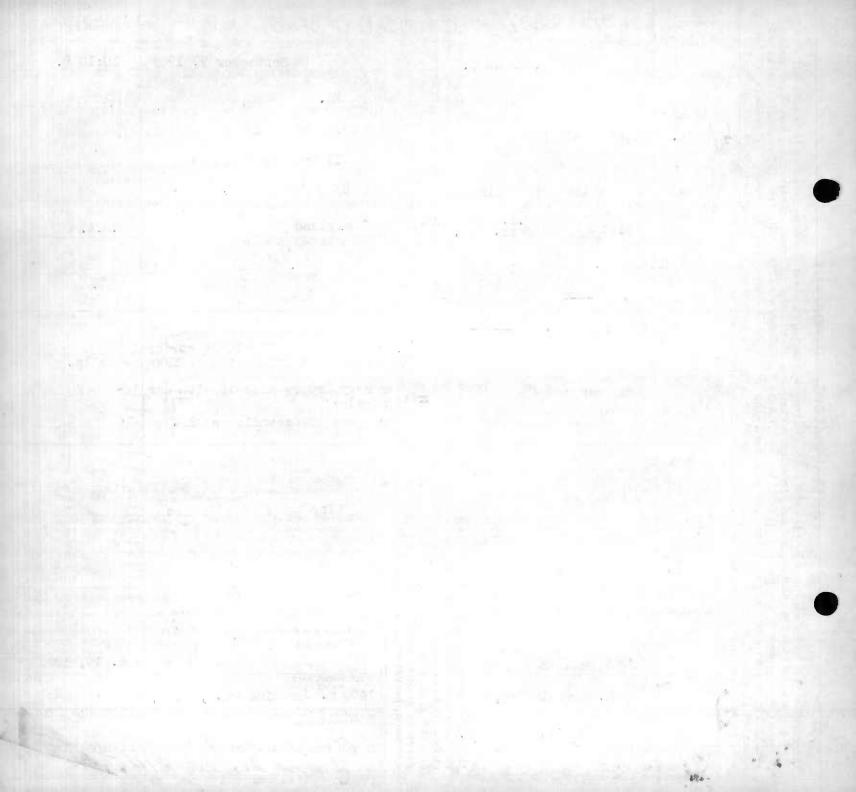


IMPORTANT

DIRECTOR:

FUNERAL

	CE 00	100	BALTIMORE CITY	HEALTH DEPARTMENT		65 0000
BIRTH NO,	65 93	507	CERTIFICA	TE OF DEATH	Registered No	65 9307
M.E. CASE NO.	EASED			2. DATE	AND HOUR OF DEAT	Н
(Type or Print)	KELLEY .	EDGAR	n	Set	ptember 9, 19	965 10:10 P.
B. PLACE OF DE	ATH IN BALTIMORE, MAR		D.	4. USUAL RESIDENCE (V	Where doceosed lived. II	institution: residence before admis
				A. STATE B. CC	DUNTY	0 00
FULL NAME O			givo stroot	Md.		4-11
HOSPITAL OR	oddress or location			C. CITY OR TOWN (IF	outside city limits, write	o RURAL ond give fawnship)
S+ Jos	seph Hospital			Baltimore	18	
50. 00.	sebu mosbrear			D. STREET ADDRESS	(If rural, give location)	
				811 Bonapa	rte Avenue	
S. SEX	6. RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Months: Doys Hours Mi
Male	White		ngle	8/18/79	86	Notice Day's Hoors
				11. BIRTHPLACE (Stote or		12. CITIZEN OF
lone during most of	working fife, even if retired)				,	WHAT COUNTRY?
Mach	ninést	Wash.	avy Yard D.C.	Maryland		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Will	iam G. Kelley			Mary C. So	halk	
And the second party of the second	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT	MATE	ADDRESS
Yos, no or unknowr	(II yes, give wer or dotes	of service)	SECURITY NO.			
No			214-24-8862	Evelyn Beebe	811 Bonapar	rte Ave, Balto, Mo
18.	3 2 XI - 1	50	CAUSE O	F DEATH		INTERVAL SETWEEN
DISEA	SE OR CONDITION DIR	ECTLY				ONSET AND DEATH
	LEADING TO DEATH		Thr.	ombosis of lef	t middle cer	ehra?
	nal mean the made of		XDOODE at	rtery with inf	arction of h	asal canclia.
	osthenia, etc. It means			. vol j mil vii iliin	MICOTON OF D	and Satisfies
	ANTECEDENT CAUSES	400 111,7	(8) Core	onary artery d	isease with	cardio-
			ONDEXIDE IN	ealv.		-X-1994-3000-X
	OR CONDITIONS, if a e abave cause (A)				mdian calm	
	G CONDITION last.	siding ine	(c) var	cinoma of asce	maring porous	***************************************
	II					
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTIN	G			
TO THE D	EATH BUT NOT RELATED	TED TO TH	IĒ			CONTRACTOR OF THE PARTY OF THE
*	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yos or	Nol 208 IF YES WER	E FINDINGS CONSIDERED
= 2	WAS PERF				IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
21A ACCIDE	NT WAS UNDERLYING	218	PLACE OF INTURY	Yes	Yes	oro City, give exect location)
OR CONTRIBI	JTING CAUSE OF	hom	ne, lorm, loctory, street, of	fice bldg., INJURY OCCUR	?	oro Crry, give exact toconon
U	medical examiner)	etc.	,)			
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
€ (APPROX.)			ile At Not Whil	е		
		Wo		0/6	10	
22. I certify	that (1) (this haspital)	ottended t		9/6		9/9 19.65
that (I) (we)	last saw the deceased	alive on	9/9	19 05 and	that in (my) (our) a	pinian death accurred on the
and haur an	d from the couses state	ed above. (I) (We) (did) (did not) y	lew the body after dea		
23A, SIGNATU	Δ .		, () () () () () () () ()	Ton the body direct doc		23B. DATE SIGNED
	MOD !	0	M.D. Atte	onding Mod.	Stoff (797)	
1	NM comple	12	Phy	s. Director	Stoff Phys.	Sept. 10, 1965
PHYSICIA NAME (1	AN'S			23D. ADDRESS		
) R. Govinda	Rao,	M.D.	1400 N. Caroli	ine St. , 212	213
4A. BURIAL CRE	2.		AME of CEMETERY OF CRE			City, town, or county) (Sto
REMOVAL	Specify)					,, 5. 55511177 (310
Burial	Sep 13,	1965	St. Marys (Ha	mpden)	Baltimore, N	Maryland 21211
	BY HEALTH DEPT.	258. NAME (OF REGISTRAR	25C. FUNERAL DIREC	TOR /	ADDRESS H
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S 150-REV 1/17	1300	2,110		0 3		

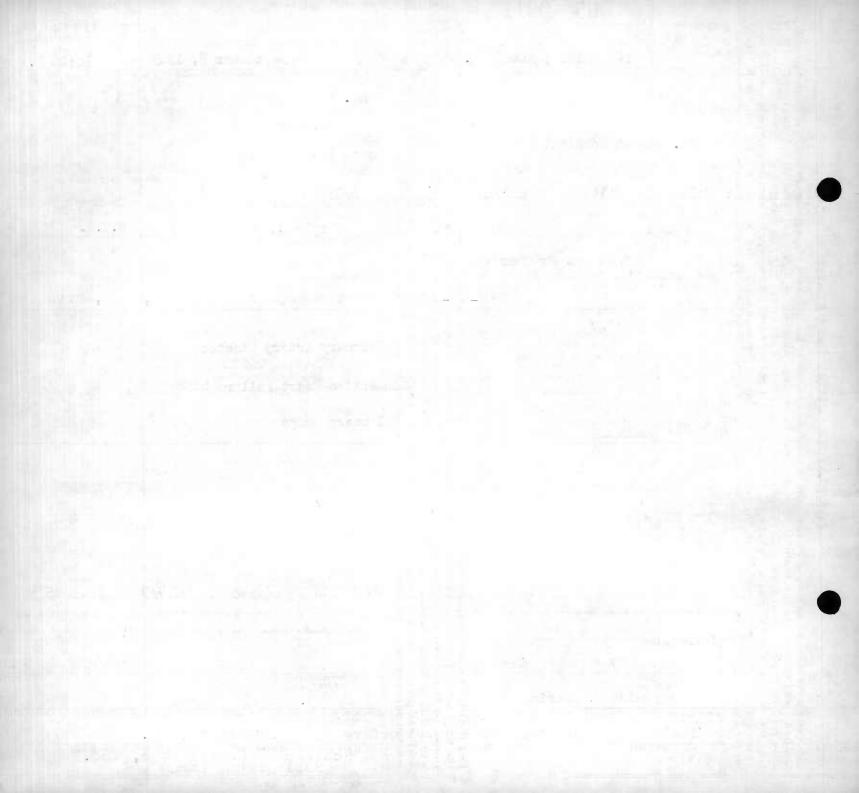


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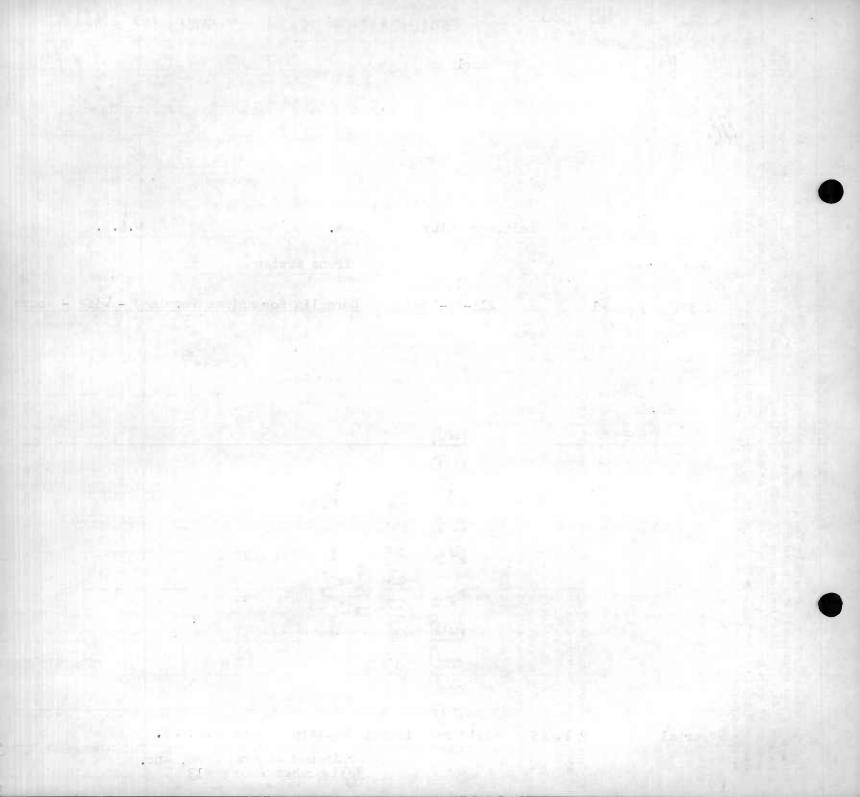
Charles I Ungalate 6 1 Biltime e grather a Mirap Male White sight 1-32 32-F1-8 ENT MAIN Charles Varsalone (char) Mary Bruno garalkerice and the chief the chief Jan Stole Maybe Jay Stephen Margolis Marilad General Horp

Bath Holder 255 Fredrand leve 8-22-94 71 make their secured t Pennsylvania USA JOHN HAPPER Nichtle Proph chart win in a second "Drombornie Charles to produce to the same Sout Mingro Charle How a Hospiel Jose 5 in a rest 24 John Song Con Line

IMPORTANT DIRECTOR: FUNERAL BALTIMORE CITY HEALTH DEPARTMENT 10:08 P.M. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Bertha Wagner Frederick, wife, above INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) 25 Schimunek Funeral Home, Inc. 2331 Brehms Lane



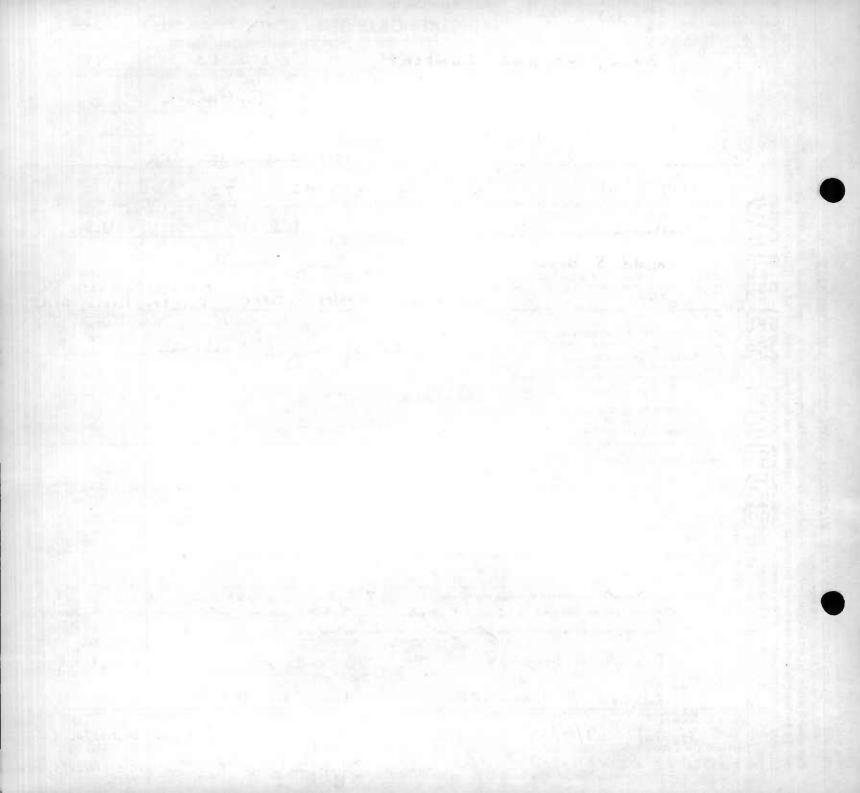
	65 931	1)	BALTIMORE CITY	HEALTH DEPARTME	NT	05 0010
BIRTH NO.	00 301	LC	CERTIFICA	TE OF DEA	TH Registered No	. 65 9312
M.E. CASE NO.	ASED			2 0	ATE AND HOUR OF DEAT	t H
(Tunn no Dona)		(0) 0 7	17			
3. PLACE OF DEA	MAN HAR	OLD Ea	rl	1/4 USUAL RESIDENCE	11. 10, 196	institution: residence before admission
S. FERCE OF DEA	IN BALINIOKE MAKI	LAND		A. STATE B.	COUNTY	institution; residence before odmission
FULL NAME OF	(If not in hospital or	institution give	strant	DERRILLAN	7 0	76-13
HOSPITAL OR	oddress or location)	mamorion, give	311061	C. CITY OR TOWN	(If outside city limits, writ	te RURAL ond give lownship)
INSTITUTION						e nonze one give lownship
1				BALTIMOI D. STREET ADDRESS	(If rural, give location)	
1 1 1 - 1 1 1 1 1 1 1						
LUTHERK	N HOSPITAL	- OF A	LARYLAND	4036 L	GROALE AV	ENUE
- SEX	6. RACE 7.	MARRIED, NE	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months; Doys Hours; Min.
MALE				10-17-96	10	Williams Doy's Hoors Williams
OA USUAL OCCU	PATION (Give kind of work 10	B. KIND OF BL	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
one during most of w	orking life, even if retired)			11. 011111127 62 (31016	or roleigh country,	WHAT COUNTRY?
RETIRED-1	POLICE DEPT. 1	Baltimor	e City	Pa.		U.S.A.
3. FATHER'S NAM	E			14. MOTHER'S MAIDE	N NAME	
John Borm	the state of the s			Irene Kre	eise	
5. Wos Deceased	Ever in U. S. Armed Force: (If yes, give wor or dotes	s? 16	SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown?	til yes, give wor or doles		SECURITY NO.			
yes	WWI	215	-22-7869		Borman(nee Top	ping) - wife - abov
18. 35	7 X I		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION DIREC	CTLY				ONSET AND DEATH
l l	EADING TO DEATH		in Db 1	BRAT RATION	DE SPIRAL	
	I mean the made of d		DUE TO	ODE O	CEREBRAC	
	stherio, etc. It means th			- CO CO march	CEREDITIE	
	dicalian which caused d	edin./		THROW'S	10515	
A	NTECEDENT CAUSES		DUE TO		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES OF	R CONDITIONS, if an	y, giving				
	abave cause (A) s	laling lhe	(C)	~		
UNDERLYING	CONDITION last.					
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING				
TO THE DE	ATH BUT NOT RELATE	D TO THE				
19A. DATE OF	OPERATION 198. CONDI		ICH OPERATION	20 A. AUTOPSY? (Ye	or No. 20B. IF YES. WER	RE FINDINGS CONSIDERED
19A. DATE OF	WAS PERFO		a title a	Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
W 21A ACCIDENT	T WAS HINDERLYING	010 01	ACE OF INITIANI.	/E3	DID W. B.	
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	home,	form, foctory, street, o	fice bldg., INJURY OCC	UR? (If in Boltim	nore City, give exact location)
▼ DEATH (notify	medical examiner	etc.)				
21D. TIME	(Month) (Doy) (Year)	(Hour) 2) E IN	JURY OCCURRED	21 F HOW D	ID INJURY OCCUR?	
OF INJURY	artonia (Doy) (reon				ID INJURY OCCUR!	
(APPROX.)		While	At Work	e		
22 1	1 . (1) (1) . 1				10	
22. I certify t	nat (I) (this haspital)	orrended the	deceased from		19to	
that (I) (we)	ast saw the deceased	alive an		19	and that in(my) (aur) a	pinian death accurred an the da
and have and	from the causes stated	Labour (I) (Wal (414) (414 = 44) .			
23A, SIGNATUR		1 ana 46. (1) (me) (ala) (ala nat) (eatn.	
23A. SIGNATOR	1	7				23 B. DATE SIGNED
- In	holes 6/	· 1-2 d -	M.D. Atte	ending Med. S. Director	Stoff Phys.	9-10-65
23 C. PHYSICIAN	rs on	yun		23D. ADDRESS	,	1000
NAME (Ty		0		Nooness		Mark Town Street
MATH	AS PELLE	let all	M.D.	247 8066	WOOD RD to	LICOTT PITIE
4A. BURIAL CREN	ATION, 24B. DATE	24C. NAM	E of CEMETERY of CRI	MATORY	24D. LOCATION	(City, town, or county) J (State)
REMOVAL (Sp	ecify)				72 711	f s
Burial	9/14/65	Balti	more Nation		Baltimore, M	
5A. DATE REC'D	BY HEALTH DEPT. 25	B. NAME OF	REGISTRAR	25C. FUNERAL DIE	ECTOR	ADDRESS
orn de	1000	0 7 0		bchimunek	Funeral Home,	inc.
SEP 13	1300 A) 0 A	e atale		3331 Brehm	s tane #13	
S 150-REV. 1/1/6:	10000	****	200	0 0 -	i .	



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FUNERAL DIRECTOR: IMPORTANT

	CERTIFICA		No. 65 9314
A.E. CASE NONAME OF DECEASED		2. DATE AND HOUR OF D	EATH
Type or Print) BARR, GEORGE	2 Lambert	8 Syst . 65	445 0.
. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased live	
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or instituti	ion, give street	mel. Battime	
INSTITUTION		0 1	write RURAL and give township)
2 11 L Hose	.+01	Kententour	63-00
Unwrity Hosp	,,,,,	D. STREET ADDRESS (If rural, give location	on)
		150 Westmente	Rel.
	WILD, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In year last birthday) 72	s If Under 1 Yr. If Under 24 Months Days Hours Min
DA. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF
one during most of working life, even if retired)		1 0	WHAT COUNTRY?
muchinist Jei	wery	mel,	U.S.
B. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Ranalda S. Berr		ming Bennett	2 Westminsten Rd
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS -
es, no or unknown) (If yes, give wor or doles of servi		Walter R. BALL P.	Westminster Kd
No	216-14-3056		isterstown, med
1B. /63X I	CAUSE O	DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			43
LEADING TO DEATH	(A) CA	of lung 10 unter	sun_
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUE TO	1 0	
injury or camplication which caused death.)	030,		
ANTECEDENT CAUSES	(B)		***************************************
DISEASES OR CONDITIONS, if any, give			
DISEASES OR COMBINONS, II dily, di	villy		
	the (C)		
rise la the above cause (A) slating UNDERLYING CONDITION lost.	(C)		
rise to the above cause (A) slating UNDERLYING CONDITION lost.	The (C)		
rise la the above cause (A) slating UNDERLYING CONDITION lost.	ITING		
rise la the above cause (A) slating UNDERLYING CONDITION lost.	ITING		
TISE IN THE OBOVE COUSE (A) SINING UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING	20 A. AUTOPSY? (Yes or No.) 20B, IF YES, V	WERE FINDINGS CONSIDERED
rise to the above cause (A) stating UNDERLYING CONDITION lost.	TING THE	20A. AUTOPSY? (Yes or No.) 20B. IF YES. N	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
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IIIO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (Ithis hospital) attended that (Ithis we) lost sow the deceased alive and haur and from the causes stated above 23A. SIGNATURE	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from on 8 August (We) (did) (did not) v M.D. Atte Phy:	or obout 21 C. WHERE DID (If in Be ince bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 7	ollimore City, give exact location) 19 65 r) optinion death occurred on the
nise la the above cause (A) slating UNDERLYING CONDITION last.	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from on 8 August (We) (did) (did not) v M.D. Atte Phy:	or obout 21C. WHERE DID (If in Be ince bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 7 19 6 5 ond that in (prg) (outlies the body ofter death.	ollimore City, give exact location) 19 6.5 r) opinion death occurred on the
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INDERLYING CONDITION last. Content Significant Conditions Contribution to the Death But not related to Disease or condition Causing II. Content Significant Conditions Contribution of Content But not related to Disease or condition Causing II. Content Was underlying	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While A1 Not While A1 Work ed the deceosed from on S. M.D. Atte Physical Physical Albert A1 No. Physical A1	or obout 21 C. WHERE DID (If in Be ince bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 6 S ond that in (pry) (outlier the body ofter death. Inding Med. Stoff Phys. (3D. ADDRESS Unwent Herpite MATORY 240 LOCATION	ollimore City, give exact location) Solution 19 6.5 r) opinion death occurred on the 238, DATE SIGNED 8 Supt 6.5
TISE IN THE ABOVE CAUSE (A) SINTING UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (M(this hospital) attended that (M) (we) lost sow the deceased olivered and hour and from the couses stated above 23A. SIGNATURE PLANTING P. NORG 4A. BURIAL CREMATION, 24B. DATE 241	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While A1 Not While A1 Work ed the deceosed from on S. M.D. Atte Physical Physical Albert A1 No. Physical A1	or obout 21 C. WHERE DID (If in Be ince bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 6 S ond that in (pry) (outlier the body ofter death. Inding Med. Stoff Phys. (3D. ADDRESS Unwent Herpite MATORY 240 LOCATION	courses of Death? ollimore City, give exact location) 8 Day 19 6 S r) opinion death occurred on the 23B, DATE SIGNED 8 Supt 6 S (City, town, or county) (Stot
TISE IN THE ABOVE CAUSE (A) SINGING UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (This hospital) attends that (IV) (we) lost sow the deceased alive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) RICH RR P NORG 4A. BURIAL CREMATION, 24B. DATE 24B. 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME (Type)	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While A1 Not While A1 Work ed the deceosed fram on S. Ayt. M.D. Atte Phy: ARRP M.D. C. NAME of CEMETERY or CRE WOOD AWW C. ME OF REGISTRAR	or obout 21C. WHERE DID (If in Be lice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 7 Lyt. 19 6 5 to	courses of Death? ollimore City, give exact location) 19 65 r) opinion death occurred on the 238, DATE SIGNED 8 Supt 65 (City, town, or county) (Stot
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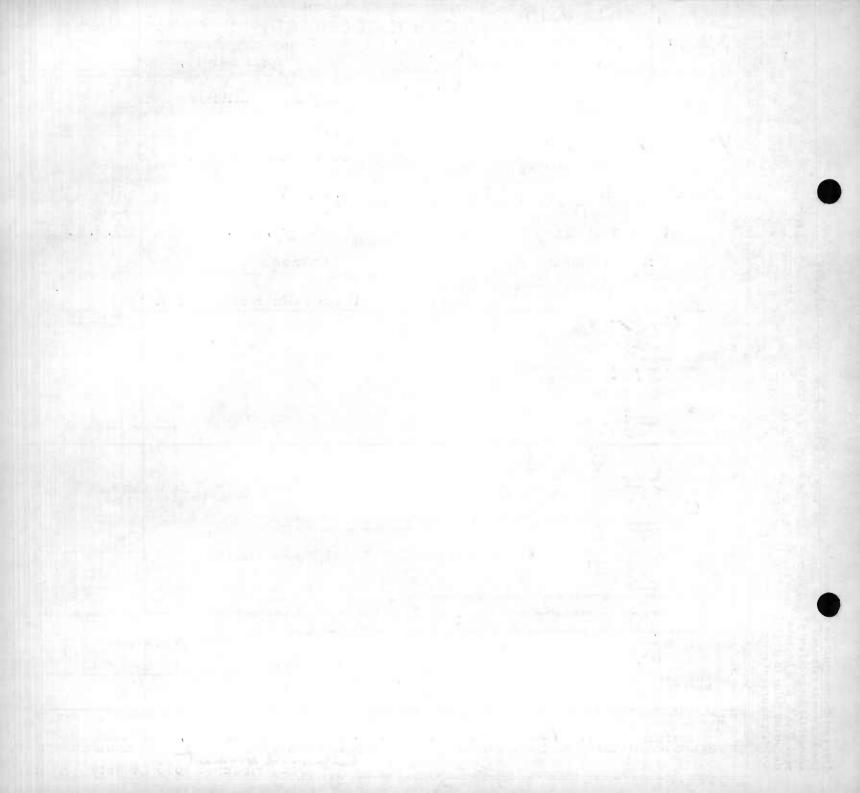


IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

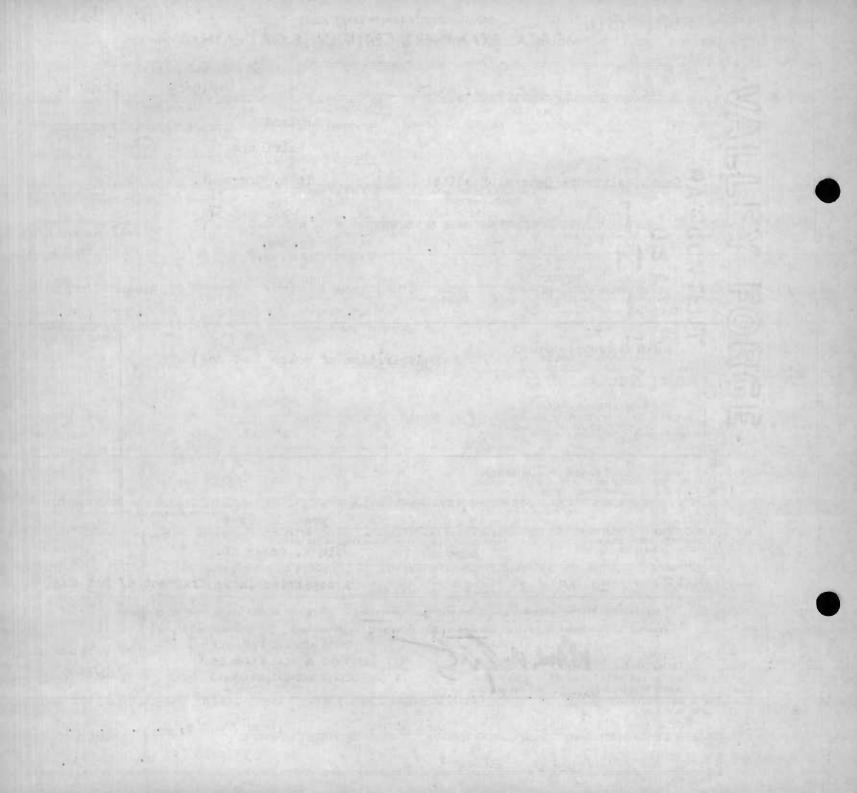
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 September 11, 1965 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct tocotion) ond that in (my) (our) opinion death occurred on the date 238. DATE SIGNED Baltimore, Maryland

Ellsworth Armacost 4600 Liberty Heights

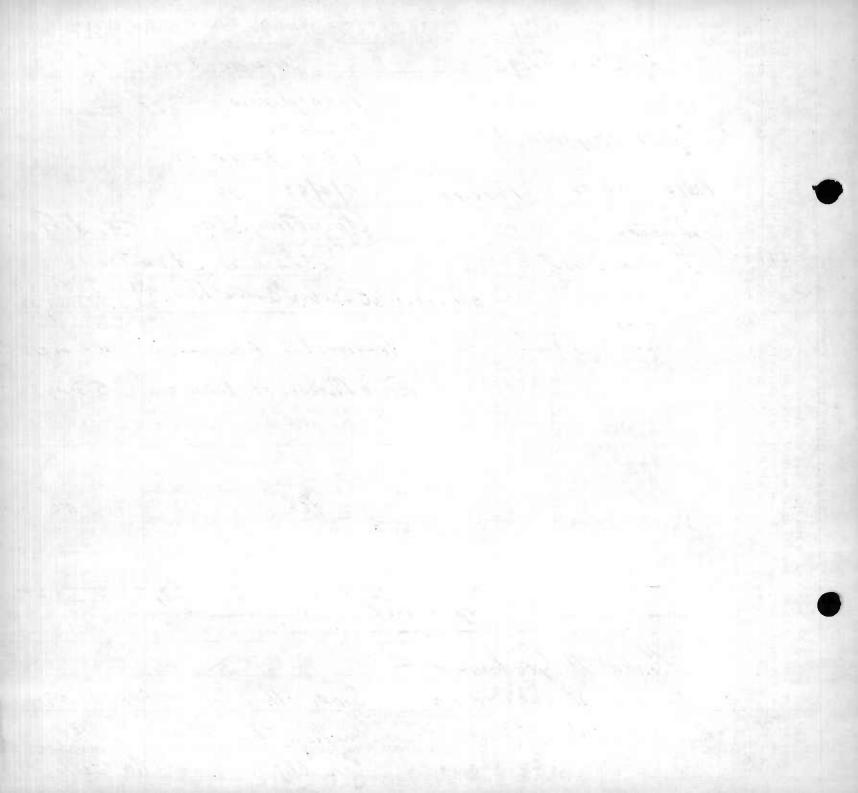


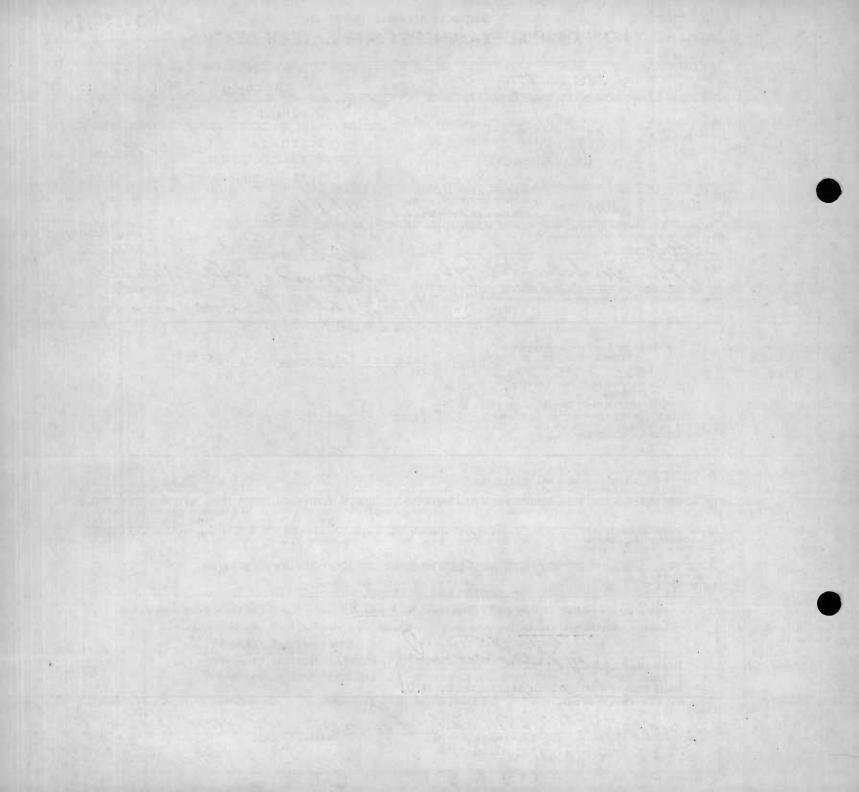
	00 0010	EALTH DEPARTMENT
BIR	H NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
-	CASE NO.	
	NAME OF DECEASED pe or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	BERTHA A. ROUSE	9/10/65 11:08 a. A
	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission B. COUNTY
HC	IL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
5		Baltimore D. STREET ADDRESS (If rurol, give locoton)
3		
5.	South Baltimore General Hospital EX 6. RACE 7. MARRIED, NEVER MARRIED	16 E. Cross St. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 I-
	female white WidowED, DivorceD(specify)	Jan. 13, 1908
	USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
101	Packer Glass Co	Balto. Md. USA
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Adolph Ferger	Anna Fecase
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Ye	, no or unknown) (If yes, give wor or dotes of service) No	Mr. George M. Rouse 16 E. Cross St.
	18. 7 9 2, 1, 9 CAL	USE OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH	iration of bolus (hot dog)
	(This does not mean the mode of dying e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	***************************************
	injury or complication which coused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
z	(C)	
은	11	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Ĭ	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CERT	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AL	21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.	a.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
EDIC		
¥	nome	
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	
	(APPROX.) O 10 65 9 WHILE AT TO NO	of while a aspirated large fragment of hot dog
	22.	
	certify that I held on Inquiry Inspection	Autopsy ond that on this basis, death in my opinion
	resulted from: Notural couses Accident 🕱 Sul	cide Homicide Undetermined manner
	We Toll	CHIEF MEDICAL EXAMINER
	ACTUAL MEMP 11. 900 1	DATE SIGNED
	EXAMINER'S NAME (Type) Mary II Sni42 M 1)	ASSOCIATE MEDICAL EXAMINER 9/10/05
137	BURIAL CREMATION, 238 DATE 23C. NAME of CEMETER	RY or CREMATORY 23D. LOCATION (City, town, or county) (State)
	AOVAL (Specify)	230. LOCATION (City, town, or county) (31016)
	Burial 9 14 65 Glen Ha	Glen Burnie, A. A. Co. Md.
4	DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	SEP 13 1965 P. D. S. E. Farleyma	Mc Cully 130 E. Fort tye.
70	151-REV. 1/1/65	
. 3	N 935.0	

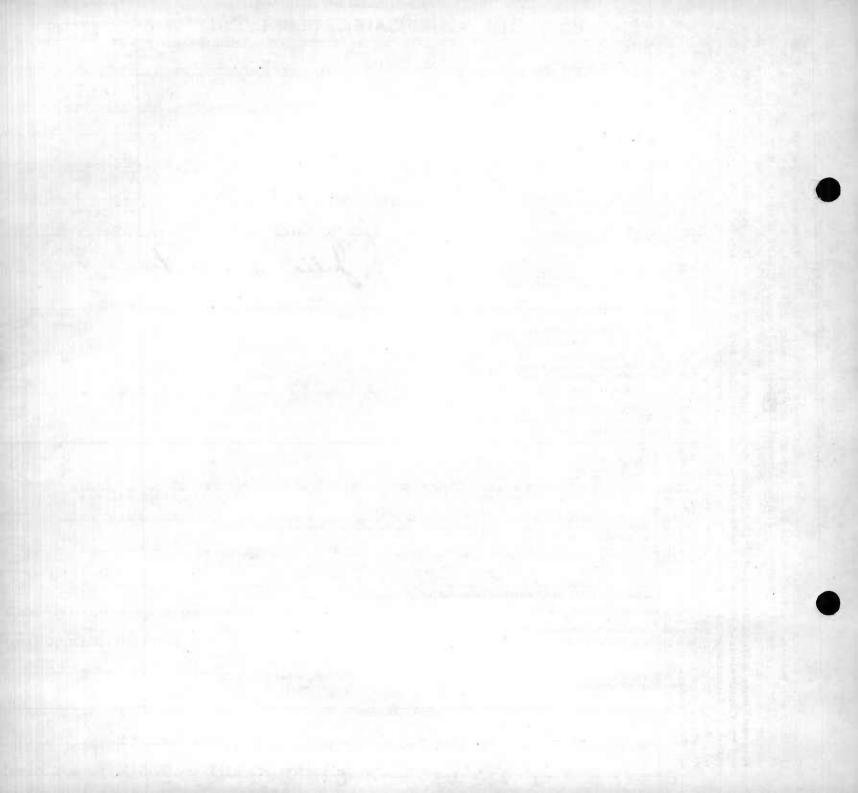


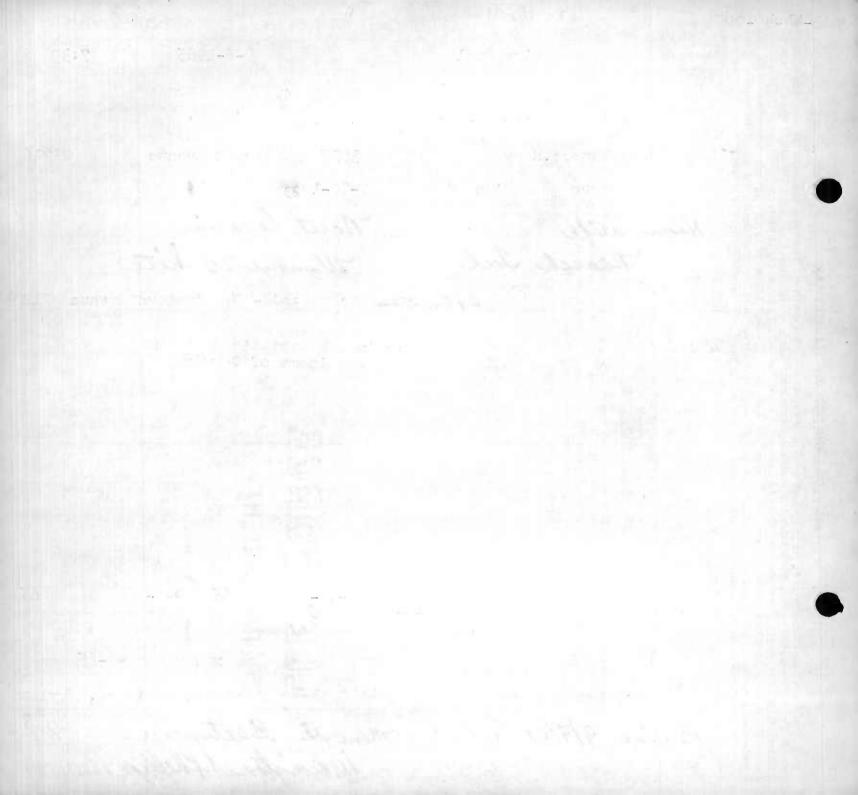


				BALTIMORE CITY	HEALTH D	EPARTMENT			
BIRTH	NO.	65 93	317	CERTIFICA	TE OF	DEATH	Registered Na.	65	9317
	ME OF DECE		J.J. V			2 DATE	AND HOUR OF DEATH		0011
	or Print)	Unpier 7	Dine						, 10
3. PL	ACE OF DEA	TH IN BALTIMORE MA	RYLAND		I 4. USUAL	RESIDENCE (W	EMBER 8 /9	165	sidence before admission)
	AGE 41 DEA	THE DESCRIPTION OF THE PARTY OF			A. STATE	B. COL	INTY		statile before damassion
	LL NAME OF		or institution.	give street	1EN	VN SYLVA	NIA	1	35
	STITUTION	oddress or locotio			C. CITY OF	R TOWN (IF	outside city limits, write	RURAL ond	give township)
7	1	HOSPITH	11 T	NC.		DLE TOW.	N		
1.	SINAI	Flospila	12		D. STREET		If rural, give location)		
					138	w.w.	ATER ST		
. SE	K	6. RACE		NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
17	RIE	WhITE		D, DIVORCED (specily)	5/5	-/87	7C	Monms	Doys Hours Min.
0A. I	JSUAL OCCU	PATION (Give kind of work	10B KIND OF	PEIED F BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or fo	reign country	12. CITIZ	EN OF
		orking life, even if retired)			P	. 07	, (Da)	WHA	AT COUNTRY?
-	ance	or			non	gallon	,000.	1	118.4.
2.	ATHERS -NAM	E			14. MOTHE	R'S MAIDEN N		, ,	,_
	2 m	anul			1	Thes	ears, H	inte	20
5. W	6 0 1 1	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORM	ANT		0.	ADDRESS - AL + 1
Yes.	no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO.	n M	Column 4	unesel Home	Sp	ring & rater
				200-24-063	0 4/-	Jan Ja	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Med	Blown, Pa
1	B. 112	D. 1 1		CAUSE O	F DEATH				NTERVAL BETWEEN
	DISEAS	E OR CONDITION DI	RECTLY						ONSET AND DEATH
		LEADING TO DEATH		(A) VE	NTRIC	vlan	FiberllaTio	11	10 minuTES
		of meon the mode of		DUE TO	Facility of Basic Minis			F. M	00 0 1 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0
		osthenio, etc. II meons plication which caused		0	m		_		
	A	NTECEDENT CAUSES		(B) 170V	TE //y	OCALDIA	2 INFRECTI	on	5 DAYS
		R CONDITIONS, if		DUE TO					
		above cause (A)		(C)					
		CONDITION lost,	1.5	. 604 6856 44 66 84 95	PQ === = = Q == == = = = = = = = = = = =				
		11		Charles Servi					
N O		CANT CONDITIONS							
		ATH BUT NOT RELA		it .					
	9A. DATE OF			WHICH OPERATION	20 A. AU	TOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS	CONSIDERED
ERTIFIC	2	WAS PER	PORMED			YES	IN CERTIFIENCE	COSES OF L	NO
U 2		T WAS UNDERLYING	21B	PLACE OF INJURY (e.g., i	n or obout 21	C. WHERE DID	(If in Boltimo	re City, give	e exact location)
		TING CAUSE OF medical examiner	etc.	ne, lorm, factory, street, of	nice blag., IN	JUNI OCCUM			
U			444 1 225	MANUAL OCCUPATO	21	F 110111 515 11			
	TD. TIME	(Month) (Doy) (Year)		INJURY OCCURRED		r. HOW DID II	NJURY OCCUR?		
< (APPROX.)		Wo	rile At Not While	e			,	
2	2. I certify	that (# (this hospita	1) attended t	he deceased from	FAT.	3	1965 to SI	EnT.	8 19 65
				-	1 10	11-			
				SEPT8, 1965				inlan deat	h accurred on the date
	and have and	fram the causes sta	ted abave. (1) (We) (dId) (dId not) v	lew the ba	dy after death	1.		
2	3A. SIGNATU	RE	1					23 B. DAT	E SIGNED
	7//	man/ 1/ (eenda	M.D. Atte	ending	Med. Director	Stoff Phy s.		
2	3C. PHYSICIAL	N'S	unirm	6:3	23D. ADDRES		. 117 30/		
	NAME (Ty	pe)	1		C	: 11		Ro	1
	Hows	RD H. (TEND	A50 N M.D.	OIN	Al Ho	spital.	WHI	10. MD.
24A.	BURIAL CREA	AATION, 24B DATE	24C. N	AME of CEMETERY OF CRI	EMATORY	24D.	LOCATION (C	city, town, o	r county) (Stote)
15	Di l	3 19/11/2	C+21.	Allstoner	1000	Just	Meddleto	wn	Sai
5A	DATE PECID	BY HEALTH DEPT	25B NAME	OF REGISTRAR	25C FIL	NERAL DIRECT	OR	1	ADDRESS
	SED 10	/	0 7	Mai was	1	NERAL DIRECT	- 1 -	1	Q 11 31
	OFL T ?	1965 Rober	TE VI	tilley Min	Son	nelly.	300 Mace	lue	(delpo, 2)
VS 1	50-REV. 1/1/6	5			Q	0/1			

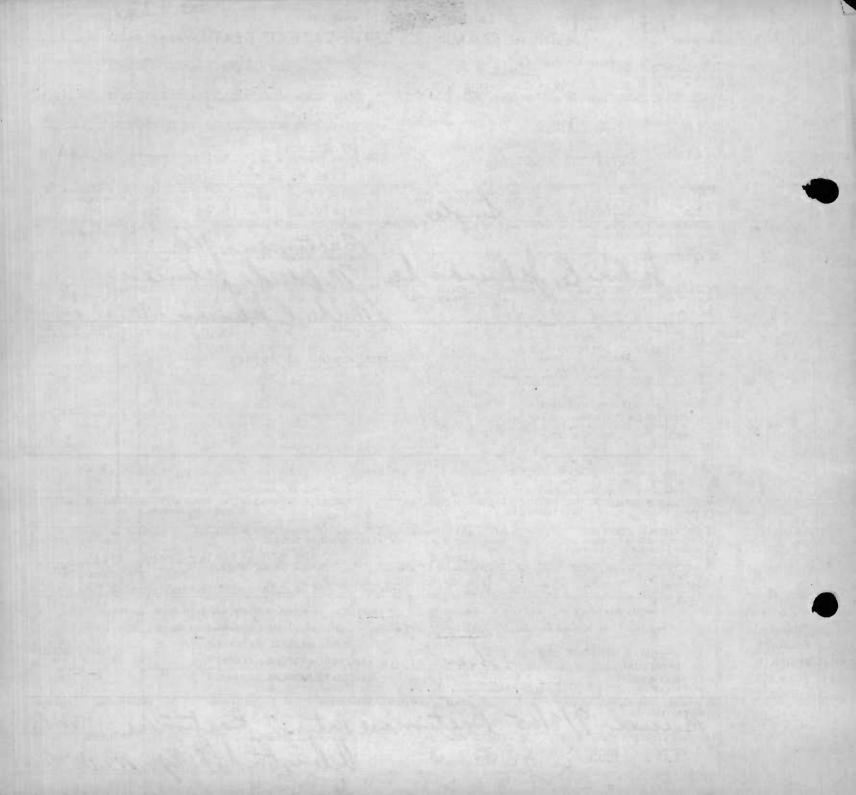








BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICATE OF DE	ATH Registere	d No.		
M.E. CASE NO.								
1. NAME OF DE	CEASED	EDWARD		2. DATE AND I	HOUR PRONOUNCED	DEAD		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JOHN	J	OHNSON, Jr.	9-5-65	5	2:55 P.M.		
	(IF NOT IN HOSPITA			4. USUAL RESIDÊNCE (Where deceosed lived. If institution: residence before admission A. STATE Maryland C. CITY OR TOWN (If autside carporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give locotion) 2913 W. Lanvale Street				
ULL NAME OF	ADDRESS OR LOCA	TION)	TION, GIVE STREET					
	UNIVERSITY HO	SPITAL						
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months; Doys; Hours, Min.		
Male	Colored	De	DIVORCED (specify)	12-19-40	24			
	UPATION (Give kind of work working life, even if retired)	A KIND OF	BRISINESS OK INDUSTRI	Baltimare	ma.	2. CITIZEN OF WHAT COUNTRY?		
S. FATHER'S NAM	len &	John	son Ir.	14. MOTHER'S MAIDEN NAME	Johns	en		
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	Middle la	9	913 W Landel		
18.	5 2 4 15	0.42	CAUSE	OF DEATH	usan a	INTERVAL BETWEEN		
00	DIGITA	70				ONSET AND DEATH		
DISEA	SE OR CONDITION DI LEADING TO DEATH		, Cr:	aniocerebral injur	V			
(This does heart failure injury or co	not mean the made of , asthenio, etc. It means implication which caused	dying, e.g., the disease, death.l	DUE TO		<i>A</i>			
	OR CONDITIONS, IF A		(B)					
RISE TO TH	HE ABOVE CAUSE (A) S'	TATING THE	DOE 10					
	NO CONDINON LASI.		k (C)					
2	li li							
O TO THE	INIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T						
DISEASE OF	F OPERATION 198, CON WAS PER	FORMED	WHICH OPERATION	Yes	B. IF YES, WERE FINE CERTIFYING CAUSE Yes			
21A, EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If	in Baltimore City, give	exact location)		
UNDERLYING	SE OF DEATH.	etc.)	Street		Poplar Grov	e Street		
21 D TIME	(Month) (Day) (Yea		1E. INJURY OCCURRED	21 F. HOW DID INJURY		on street during		
OF INJURY	0 2 165	6:30 V	WHILE AT NOT	WHILE X epileptic se				
22.	9 2 65	PM m. V						
	rtify that I held an I				basis, death in my			
resu	Ited from: Natural ca	uses A	ccident X Suicid		determined manner			
ACTUA	1	no.	1./	CHIEF MEDICAL EXA		DATE SIGNED		
SIGNAT		onn	M.D	ASSISTANT MEDICAL EXA	Pro	9-6-65		
EXAMII NAME ((Type) RUSSEL		SHER, M.D.	ASSOCIATE MEDICAL EXA				
ZZA. BURIAL CRI	ML 1 9/91	65 /	Baltima	or CREMATORY 23D. LOC	Baltemi	own, or county) (State)		
10000	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C FUNERAL DIRECTOR	1 10.	ADDRESS		
SEP 1	3 1965 Rele	F.3 d.	alkynn	allengton	Shellips	1727n. Mom		
VS 151-REV. 1/1	/65 N 3 3 6	1 3/	6 5 0 1	0 8 6/3 5				



23C. NAME of CEMETERY OF CREMATORY

23D. LOCATION

24C. FUNERAL DIRECTOR

(Stote)

(City, town, or county)

ADDRESS

Werner U. Spitz, M.D.

248, NAME OF REGISTRAR

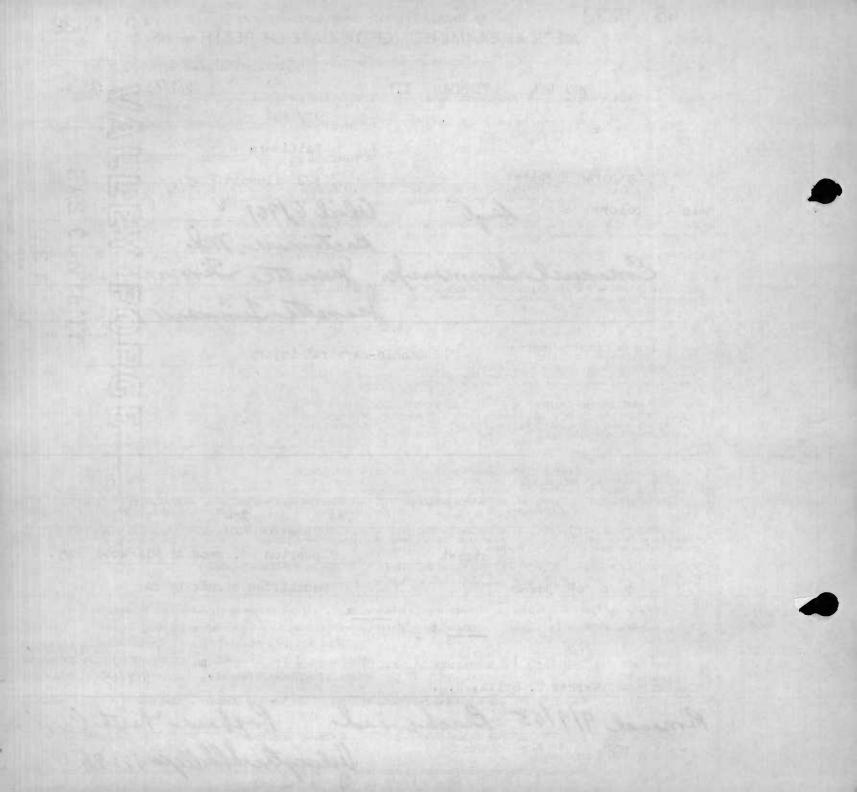
23B. DATE

NAME (Type)

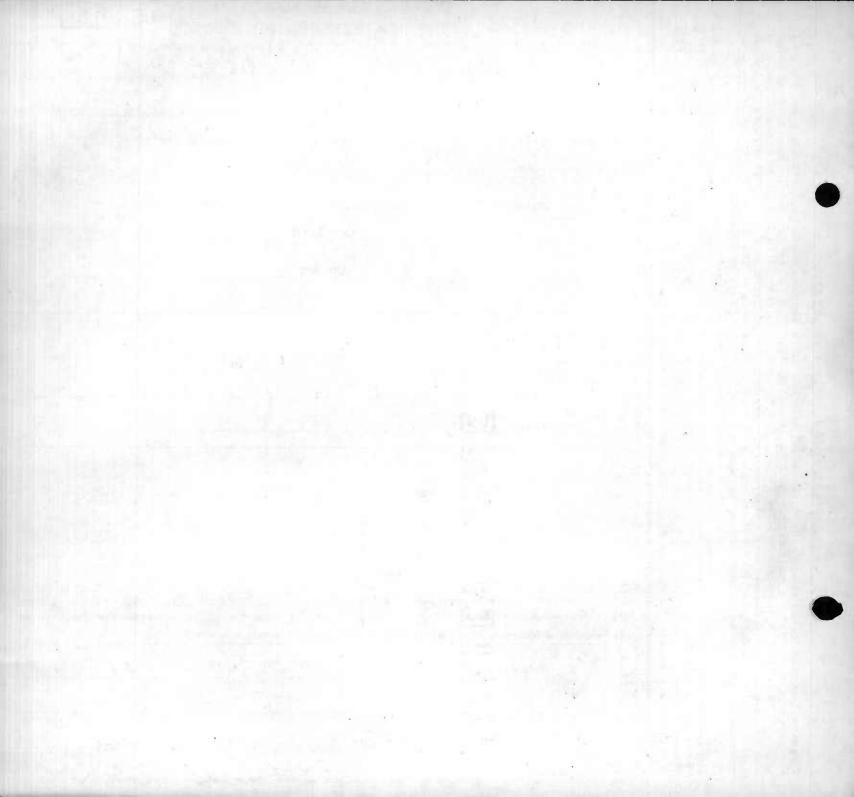
24A. DATE REC'D BY HEALTH DEPT.

REMOYAL (Specify)

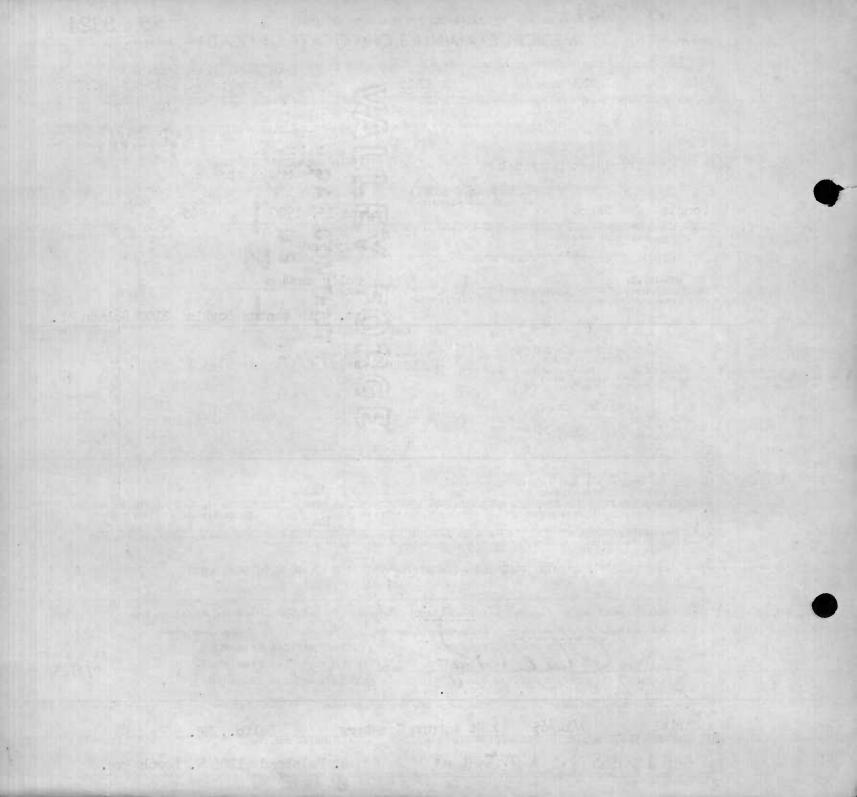
VS 151-REV. 1/1/65



		6	5 93	323	CERTIFICA	ATE OF	DEATH	Registere	d No. 6	0 90	23_
BURT	H NO.										
	CASE NO.	ccD						110 110110 05 5			
	B or Print)	ZED O I	DC II	12110-	0.1		2. DATE A	ND HOUR OF	0		
		NAKL	C). [ENSO	N		19/10	165 at	MAP	1	
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admi. A. STATE B. COUNTY					
E	IIII NAME OF	L NAME OF (If not in hospital or institution, give street					MD Balto				
H	IOSPITAL OR		or location)	smorton, give s	ireei	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
11	NSTITUTION						ltim one			63-0	9
1	L	utherar	i Hospit	tal		D. STREET		f rurol, give locati	ion)	00	
9			1			6/12	NIN"	1	ANIC		
5. S	EV I4	RACE	17 A	MARRIED, NEVI	ER AAA BRICD	B. DATE OF		9. AGE (In year	-MUL	11-1-1 V	If Under 24
J. 3		A A A			ORCED (specify)	B. DATE OF	DIKIN	lost birthdoy)	M	Under 1 Yr.	If Under 24 lours M
0	MALE	CM						92			
				KIND OF BUSI	NESS OR INDUSTR	Y 11. BIRTHPL	ACE (State or for	eign country)	12	WHAT COU	JTDV2
done	during most of wor	rking lile, even i	it retired)			Manne	J			WHAI COOL	VIKI:
12 .	ATHERS NAME					Mary	Tand	A A A E		· M.	3.0
. 3. 1	AIREKS NAME					14. MOTHE	A MAIDEN N	AVVI E			
	Unknown					Unkn	own				
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M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print) LEONA		BANTUM		september 9, 19			
3. PLACE IN BALTIMORE, MARYLAND, WI		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss B. COUNTY Maryland					
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA NSTITUTION	TION)	TION, GIVE STREET	C. CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship)				
Provident Hos	pital		Baltimore D. STREET ADDRESS (If rural, give location) 539 Moore Street				
SEX 6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED(spec			B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. lost birthday Manths Days				
IOA. U SUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	TOR KIND OF	BUSINESS OR INDUSTRY	June 15, 190 Maryland		12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Unknown			Polly Hense	on			
5. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown) (If yes, give war ar dates	FORCES?	6. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
			Mrs. Ruth Ba	entum Boykin 2	100 Bolton St.		
heart failure, osthenio, etc. It meons injury or complication which coused dependent of the coused of the couse of the cou	CONTRIBUTING ATED TO TH	(B)(C)GE	20A. AUTOPSY? (Yes	or Na) 20B, IF YES, WERE FII	NDINGS CONSIDERED		
	21 B. PL	ACE OF INJURY (e.g., i farm, factory, street, a	n or obout 21C, WHERE	DID (If in Baltimare City, gi			
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	runn, ruendry, aneer, u	mee orage, majori occ	JK;			
21 D TIME (Manth) (Day) (Year) (APPROX.)		E. INJURY OCCURRED HILE AT NOT WORK AT WE	VHILE	NJURY OCCUR?	No le la		
22. I certify that I held an In				an this basis, death In n	ov opinlon		
resulted from: Natural cau	ses X Ac	cident Suicide					
ACTUAL SIGNATURE EXAMINER'S	le 1 1	1)	CHIEF MEDICA ASSISTANT MEDICA ASSOCIATE MEDICA	L EXAMINER X	DATE SIGNED 9/9/65		
NAME (Type) Charles 3A. BURIAL CREMATION, 23B. DATE		Y, M.D.	CREATATORY	22D LOCATION (C)			
Burial 9/14/6		t Auburn Cem	1	Balto. Md.	town, or county) (State)		
44. DATE REC'D BY HEALTH DEPT.	24B, NAME O	FREGISTRAR	24C. FUNERAL DIR	ECTOR	ADDRESS		
SEP 13 1965 R. C.	1 8, ta	Dev M.M	A. Halste	ad 1206 W. No.	th Ave.		
/S 151-REV. 1/1/65	4 1.	Mary 1	008	73			



BIRTH NO. 65	9325 _{MEDI}	CAL EX	SALTIMORE CITY HEAL CAMINER'S CI	TH DEPARTMEN	T OF	DFATH Register	65 9325 red No
M.E. CASE NO.					- 0.		
Type or Print)	CEASED H.				2. DATE AN	D HOUR PRONOUNCE	ED DEAD
	GEORGE FLEMIN				10 Se	ptember 196	5 10:40 p.
ULL NAME OF	TIMORE, MARYLAND, WI			4. USUAL RESIDE	NCE (Where	deceosed lived. If insti B. COU	tution: residence before admission
HOSPITAL OR ADDRESS OR LOCATION)					. 24	e corporate limits, write	RURAL ond give township)
2	Sinai Hospi	tal.		D. STREET ADDR	timore ESS (If rurol, Duval		30
. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H
male	negro	Marri	olvorceD(specify)	Aug. 15	1904		Months Doys Hours Mir
	UPATION (Give kind of work working life, even if retired)				tote or foreig		12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAM				14. MOTHER'S MA	AIDEN NAM	E	
	George C. F	leming		Mam	le Tho	rnton	
es, no or unknown	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	10.5		ADDRESS
No				Martha I	lemin	g 3600 Du	avall Ave.
	62 Q1 SE OR CONDITION DI	RECTLY		OF DEATH			INTERVAL BETWEEN
	LEADING TO DEATH		(1	cerebral:	injury	=======================================	
heort toilure	not meon the mode of , osthenio, etc. It meons mplication which caused o	the discose,	DUE TO				
111017 01 00	mpaconon which cooses t	Je Ollis?					
	ANTECENDENT CAUSE		(8)			*****	
RISE TO TH	OR CONDITIONS, IF A	ATING THE	DUE TO				
	NG CONDITION LAST.		(C)				
	ll l	7000					
TO THE	NIFICANT CONDITIONS OF THE PROPERTY OF THE PRO	ATED TO T		*************	***************************************		
19A. DATE OF		DITION FOR V	VHICH OPERATION	yes		20B. IF YES, WERE FIN	
UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	home, etc.)	PLACE OF INJURY (e.g., if form, foctory, street, on house	ffice bldg., INJURY	353 W.	Belvedere Av	2 / / /
OF INJUKT	(Month) (Doy) (Yeor)		HILE AT NOT NOT W	WHILE TO		porch roof	while reroofing.
22.	tify that I held on Ir	auiry	Inspection Aut	opsy X ond	that on th	is bosis, deoth in m	v oninion
	ted from: Notural cou		ceiden X Suicide			Indetermined monne	
10301	- /		7 Soleton			AMINER	
ACTUA		eles /	diy M.D.	ASSISTANT ME	DICAL EX	CAMINER 🗵	DATE SIGNED
EXAMIN NAME (S. Pett	yt	ASSOCIATE MI	EDICAL EX	KAMINER .	9/11/65
A. BURIAL CRE MOVAL (Specific Burial		65	Mt. Auburn			ocation (City,	town, or county) (Stote)
A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA			ADDRESS
SEP 1	3 1965 Robert	8 E. Fa	alay M.	Store	se A	Kelon 134	8 M. Calhour
151-REV. 1/1/	65 M	30 3	i de la	8 8	0 ?		

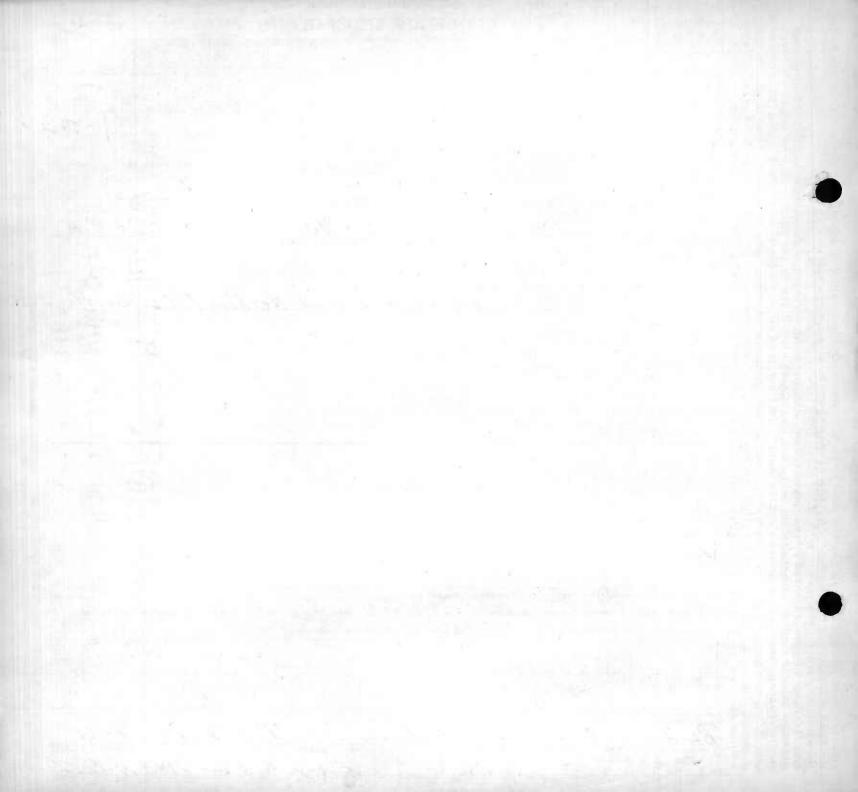
Jegras C. Fleming

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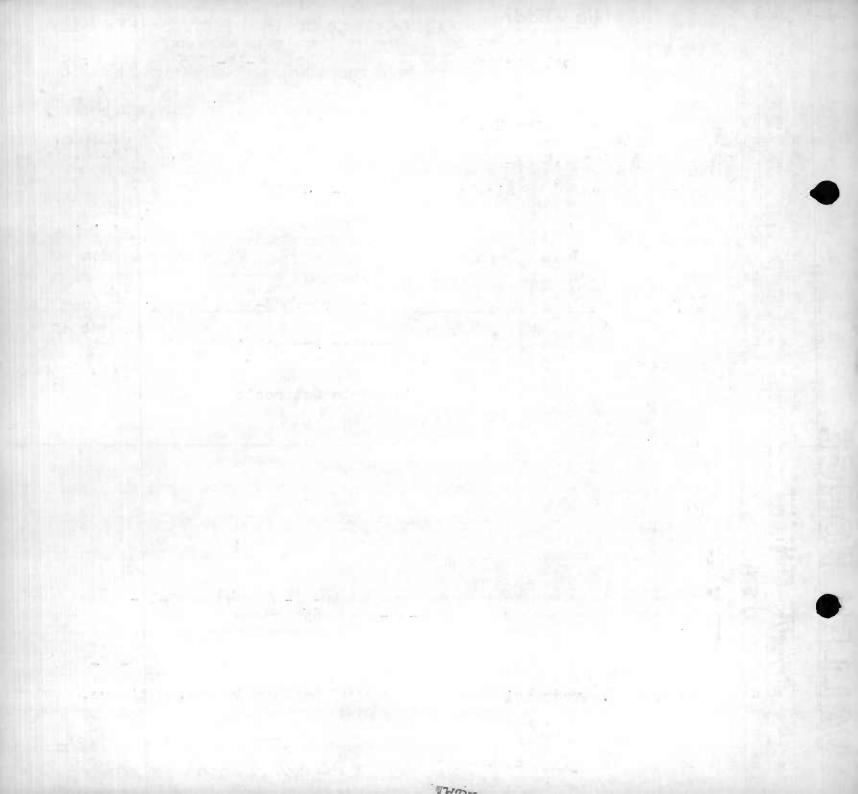
Marcha Plantar 3000 Enwell Lys.

burist 0/10/05 Mt. Auburn Com. Balthone, Md.

	65 9326	CEDTIEICA	TE OF DEATH	Registered Na.	65 9326
BIRT	H NO.	CERTIFICA	IL OI DEATH		
	AME OF DECEASED			ND HOUR OF DEATH	
	e or Print Souphie Brow	2h			
3. P	LACE OF DEATH IN BALTIMORE MARYLAND		14. USUAL RESIDENCE (Whe	re deceased lived. If it	1965 7:40
		A. STATE B. COUN	NIY		
	ULL NAME OF (If not in hospital or institu		Maryland	Baltime	
	OSPITAL OR oddress or location)	W. saital	C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township)
1	University	1402b1101	1501/1m01	-E	4-02
	oddress or location) NSTITUTION University Baltimore,	Yory land		wrol, give location)	C.L.
9	Cachendicy	1 /	770 60. 3	aratega.)7.
5. S		RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
-4	emale Negro Wid	OWED, DIVORCED (specify)	8-17-18	lost birthdoy	Months Doys Hours Mir
10A.	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done	during most of working life, even if retired)		1/		WHAT COUNTRY?
			Va.		U.J.A.
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Lewis Dobson				
5. V	Nos Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	,no or unknown) (If yes, give wor or dotes of serv	security No.	1.11.	1 44	
	100	190-962616	KILLIGH Nec	dum //0	W. Saratoga INTERVAL BETWEEN
	18. 332XI				ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1.4	4:111. Carol.	1 Story Han	1.1.
	LEADING TO DEATH	(A) Let 1	/ liagle cerebra	THEIR INTO	7 503/2
	(This does not meon the made al dying,	e.g., DUE TO			7
	hearf failure, osfhenia, etc. It means the dis-	ease,			
	hearf failure, osfhenia, etc. II means the dis- injury ar camplicofian which coused deofh.)	ease,	mpralized art	terioscleros	7.5
		(B) 9 C	neralized art	terioscleros	?; \$
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7	injuly all camplicofian which coused deofh.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, grise to the above cause (A) storing UNDERLYING CONDITION last.	the (C)		terioscleros	7.8
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SAB-123668 1	BIRT	TAD 65 4327		E OF DEATH	Registered No	65 9327
and eath ased the Such	M. I	CASE NO.			HOUR OF DEATH	
		Joel Porter			11-1965	1 4:35 Am.
of Obec	3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND	14	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before odmission)
a hospital and cause of death se; (5) Deceased indance on the to death. Such		ULL NAME OF (If not in hospital or institution, give street oddress or location)		Maryland c. city or town (If outs)		26-12
Se; Se;	1	Baltimore City Hospitals	S	Baltimore		g
in age	3/	4940 Eastern Avenue	1		rol, give location)	Maryland
ting d ca prior	1	Baltimore, Maryland 2122	24	4940 Eastern	Avenue, Ba	Maryland altimore, 21224
contributing termined ca regular at ceased prior	5. S		RRIED) (specify)	10-27-1915	AGE (In years est birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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de de l'ini	don	during most of working lite, even if retired)	7	/irginia		WHAT COUNTRY?
e la	138	ATHERS NAME		. MOTHER'S MAIDEN NAM	E	
NT nt if de direct o direct o t; (4) Un the odisposit		Joel Forter				r Darden
A day	15. (Ye:	Vos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY SECURITY		7. INFORMANT		ADDRESS
RTA ssista the the dea dea	-	no	F	Records: BCH-4	940 Easter	rn Avenue 21224
S agenty and a day		18. 3 4 5 X I	CAUSE OF			MOMESTI LAND PEATH
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O miniming of particular of pa		ANTECEDENT CAUSES	(B) Multi	ple Sclerosi	S	18 years
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Chief chief a m Body the p ysicia	CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER	RATION	NO No	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
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proved the hos ny nati except and (6	1	WOR _			10	
0 0 0	1	22. I certify that (I) (this hospital) attended the deceased	d from	10-11	48 10 9-	19.65.
of o	1	that (I) (we) last saw the deceased olive an			t in(my) (aur) opin	ion death accurred on the date
0		and hour and from the causes stated above. (1) (We) (did)) (did not) vie	w the body ofter death.		
ust be dent dent ospit deat		23.4. NIGNATURE	M.D. Attend			23B, DATE SIGNED
	1	Lloray H Xuadran	M.D. Attend	Director Director	Stoff Phy s.	9-11-1965
0 - 0 - >		Leonard J. Quadracci		D. ADDRESS +940 Eastern	Avenue, Ba	ltimore, Maryland
	24/	REMOVAL (Specify)	SETERY OF CREM	AATORY 24D. LO	CATION (Cit	y, town, or county) (Stotet
bo bo	25.0	DATE REC'D BY HEALTH BEPT. 125BANA PAR OF REGISTRAN	R	25C. FUNERAL DIRECTOR	whyw	ADDRESS
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	VS	150=REV. 171265	13 11 19	1886		



IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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death

BIRTH NO. CERTIFICATE OF DEATH cause of death se; (5) Deceased M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence be A. STATE B. COUNTY attendance FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) cause; INSTITUTION prior STREET ADDRESS rurol, give location contributing Undetermined made in regular 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE Un years If Under 1 Yr. deceased WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys Tarrie 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 eath O 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance Anchen Tordy 101 pronounced DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (This does not meon the mode of dying, hearl failure, asthenia, etc. It means the disease, regular injury or camplication which coused death.) ANTECEDENT CAUSES who DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the c physician UNDERLYING CONDITION last, before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where Boltimore City, give exact location) hospital MEDICAL DEATH (notify medical examined) etc.) nature; obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) and Work At Work 19 65 to 22. I certify that (this haspital) attended the deceased from death); that (1) (we) ast saw the deceased alive on. ond that in (my) (our) apinion death accurred on the date and hour and fram the causes stated above. (1) ((did and) view the body after death. hospit must 23A. SIGNATUR 23B, DATE SIGNED Attending Med. M.D. Stoff 9 Phys. Director approval Phy s. ō 23 C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior at 24A. BURIAL CREMATION, 24B. DATE CREMATORY 24D. LOCATION eceased (City, town, or county) 0.0 he body REMOVAL (Specify) shows: DURIAL 25A. DATE REC'D SD 25CA FUNERAL DIRECTOR VS 150-REV. 1/1/65

If Under 24 Hrs. Hours Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

(Stote)

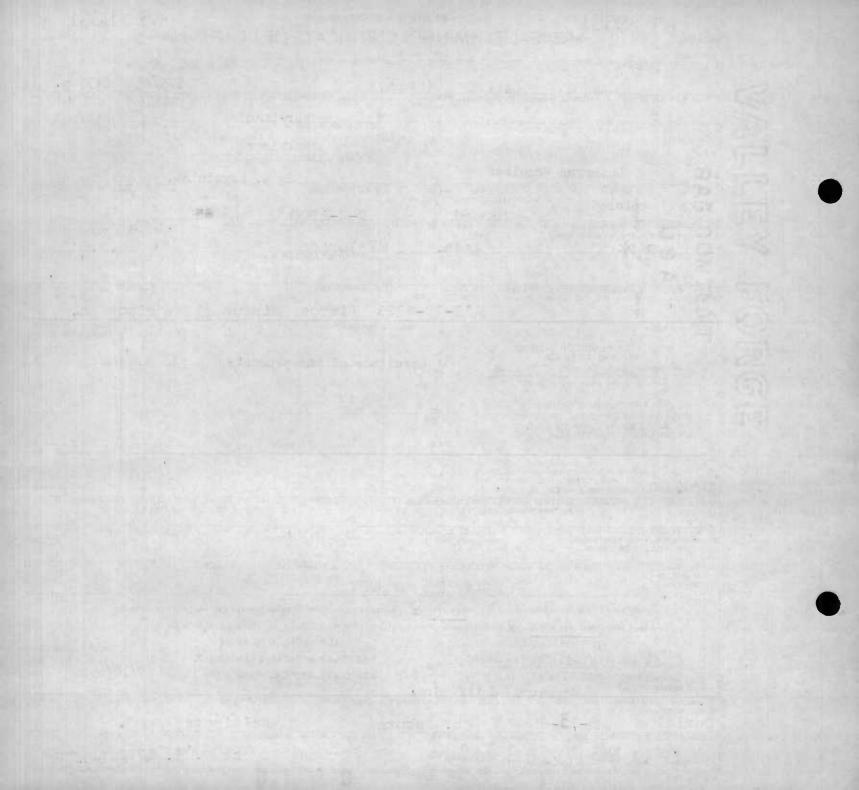
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chief medical

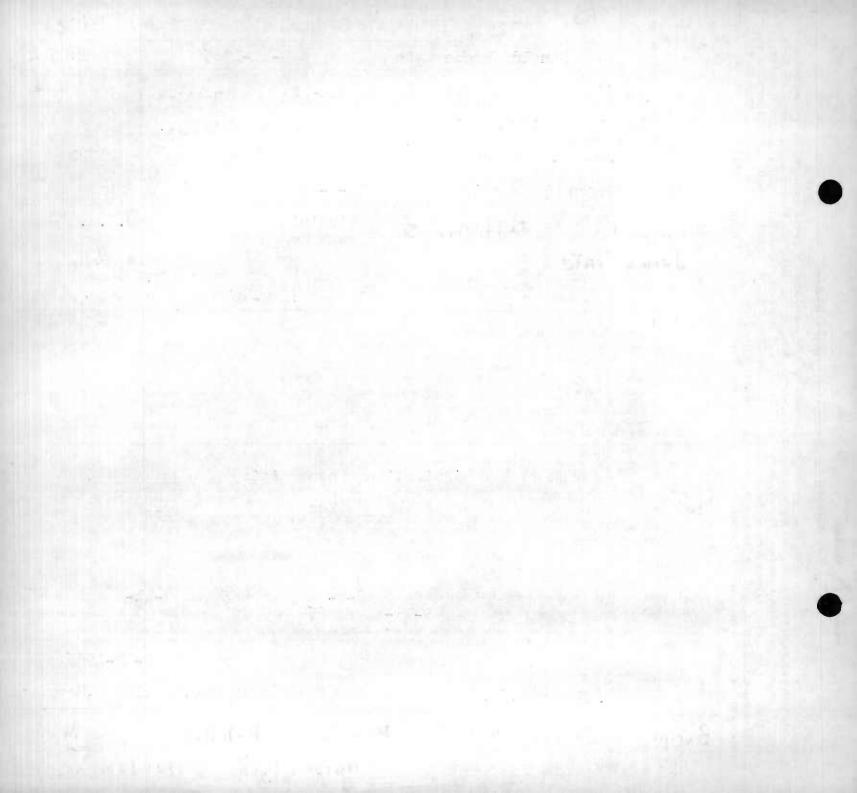
approved to the Was

	CERTIFICATE OF DEATH Registered No.
A.E. CASE NO.	9330
NAME OF DECEASED Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WILLIAM P. DAVIS	9/10/65 3:00 a.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admiss B. COUNTY
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)
	Baltimore /5 - 0
Provident Hospital	
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH AGE (In years If Under 1 Yr. If Under 24
male colored WIDOWED, DIVORCED (specify)	11-8-1946 last birthdoy! Months Doys Hours N
DA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	
one during most of working life, even if retired) Tetal STore.	Balto. Md. WHAT COUNTRY?
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WE Preston Davis Ir	Agne Sorello
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown), (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Mrs. Agnes Williams 2113 Presbury
18. F 9 1 9 3. CAUS	E OF DEATH INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY	ONSET AND DEA
LEADING TO DEATH (A) Gunsh	ot wound of head
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	
UNDERLYING CONDITION LAST, (C)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(21 A, EXTERNAL CAUSE WAS 21 B, PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street,	office bldg., INJURY OCCUR?
DUNDERLYINGCOR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, etc.] street	1700 Blk. Presbury St. near Fulton Av.
DUNDERLYINGCOR CONTRIB- UNING CAUSE OF DEATH. Comparison of the contribution of the	1700 Blk. Presbury St. near Fulton Av.
UTING CAUSE OF DEATH. home, form, foctory, street, etc.] Street	1700 Blk. Presbury St. near Fulton Avenue 1700 Blk. Presbury St. near Fu
DUNDERLYING CAUSE OF DEATH. DINDERLYING CAUSE OF DEATH.	1700 Blk. Presbury St. near Fulton Av. 21F. How did INJURY OCCUR? WORK Was clicking revolver when it suddenly discharged.
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DUNDERLYING CAUSE OF DEATH. DINDERLYING CAUSE OF DEATH.	WHILE X was clicking revolver when it suddenly stapsy X and that an this basis, death in my apinian Hamicide Undetermined manner
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Such ased	M.	E CASE NO.	ASED	33.00	CERTIFICA	TE OF DEA				
red in a hospital uting cause of d ed cause; (5) Dece ar attendance on prior to death. de.		(Type or Print) Donald Jerome Tate					2. DATE AND HOUR OF DEATH 9-11-1965 1:05 A			
	3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY				
	1	FULL NAME OF	(If not in hospital oddress or location	or institution,	give street	Maryland	d Baltin	nore		
		INSTITUTION	Baltimore C		spitals	TUVN	Ors STATION			
	37	4940 Eastern Avenue			D. STREET ADDRESS					
	0 =		Baltimore, M		NEVER MARRIED	B. DATE OF BIRTH	t Cherry Lane			
	E	Male	Negro	Mari	o, DIVORCED (specify)	12-8-39	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
ath occurring to contribute the contribute of th	E do		PATION (Give kind of work rorking life, even if retired)		lehem St.	Virginia		12. CITIZEN OF WHAT COUNTRY?		
e a c		FATHER'S NAM	70	2011	Henem Ol.	14. MOTHER'S MAID		Ni i		
# # # # # # # # # # # # # # # # # # #	disp	JAME	s late.				Fra	ances, balimore		
Stant stant ind; ind;	- (Y		Ever in U. S. Armed For (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT	DOIL I Olio B	ADDRESS		
S is + A D C	fi _	110 00 00			CALLSE	Records:	BCH-4940 East	tern Avenue 2122L		
PO nis as o, if fany nced	0.	DISEASI	E OR CONDITION DI	RECTLY	CAUSE	DEATH		ONSET AND DEATH		
or h Alse	E		LEADING TO DEATH		(A) Rup	tured Cere	bral Aneurys	n 6 weeks		
	pal	heort failure, d	osthenia, etc. It meons plicotion which coused	the diseose,						
TO min fra	6	A	NTECEDENT CAUSES	į	(B)					
IRECTOR: al examiner examiner. (3) A fractu an who pro	9 2		R CONDITIONS, if obove couse (A)		(C)					
cal al e s, (3	ins	UNDERLYING	CONDITION lost.	100						
RAL D medic nedica burns;	the remains	OTHER SIGNIF	II FICANT CONDITIONS CEATH BUT NOT RELACED TO CAUSING I	ATED TO TH	g Laspirati	on Pneumo	nitis			
NERA :hief me 8 ody bu the phy	ore the	19A. DATE OF	OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	Yes	es of No. 20B. IF YES, WER			
FUI the cl al by ; (2) B	efe	OR CONTRIBUTE	TING CAUSE OF	21 B hom etc.	PLACE OF INJURY (e.g., ne, form, foctory, street,	in or about 21 C. WHERE	DID (If in Boltim	Yes ore City, give exact locotion)		
ed by t nospita ature; pt whe (6) No			(Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?			
rovec le ho y nat kcepi		(APPROL)		Wo						
호두 = 용 p	obt						-	9-11- 19 65 .		
of of a constant	pe		last sow the deceose		9-11- (We) (did) (did not)			pinion death occurred on the date		
t bent spirit	must	23A. SIGNATU		21	(44) (414) (414 1101)	view the body offer	deom.	23 B. DATE SIGNED		
must eleas ccide to do	<u> </u>	Cfa	1- 1.0	Mora	M.D. A.	tending Med.	or Stoff Phys.	9-11-1965		
0 - 0 - 5	Aouddb 24	Clayto	on L. Moray	vec,Jr.	м. D	4940 East	ern Avenue,B	altimore, Maryland		
E SE O	0 24	A. BURIAL CREA	MATION, 24B. DATE	24C.N.	AME of CEMETERY OF C		N .	City, town, or county) (Stote)		
This cert the bod) shows: (was D.O	Tet: 1.25	BuriAL	9-15-6	5 4.	OF REGISTRAR	1em P.K.	Hrbulus	Md.		
This ce the books shows: was D.	× 125	SFP 1	3 1965 12.0	P 8 3		NORTON L	A -	101 LANVENS ST.		
	V	150-REV. 1/1/6	5		50			88		



Mt. Auburn

248 NAME OF REGISTRAR

Baltimore, Maryland

Charles R. Law 802 Madison Ave.

24C. FUNERAL DIRECTOR

ADDRESS

Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

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Charles W. Day a BOS Tenth Ave. Ave.

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IMPORTANT

DIRECTOR:

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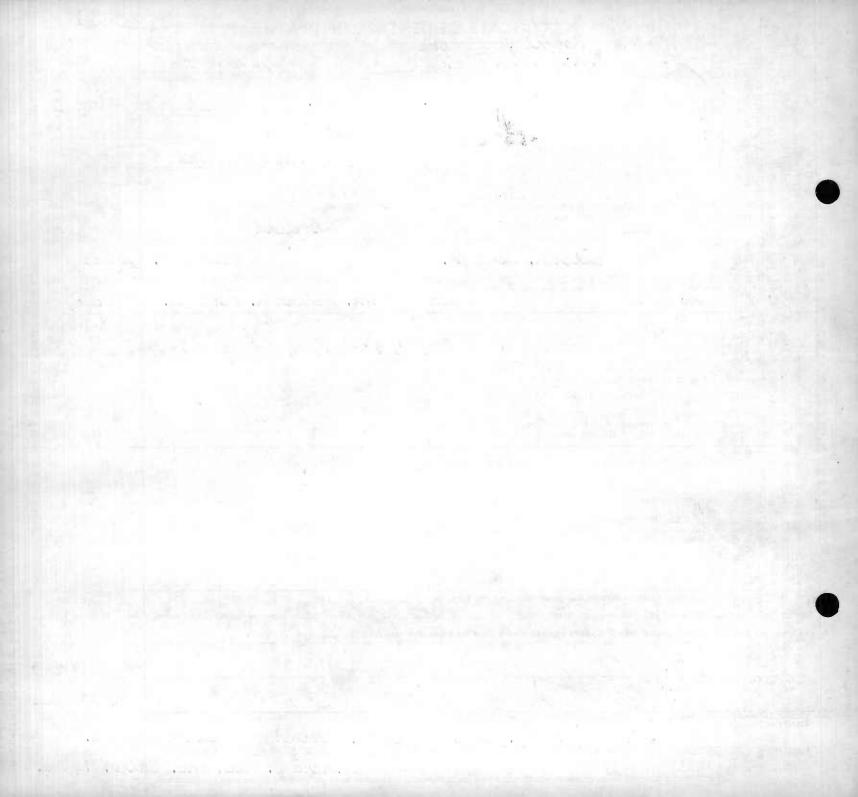
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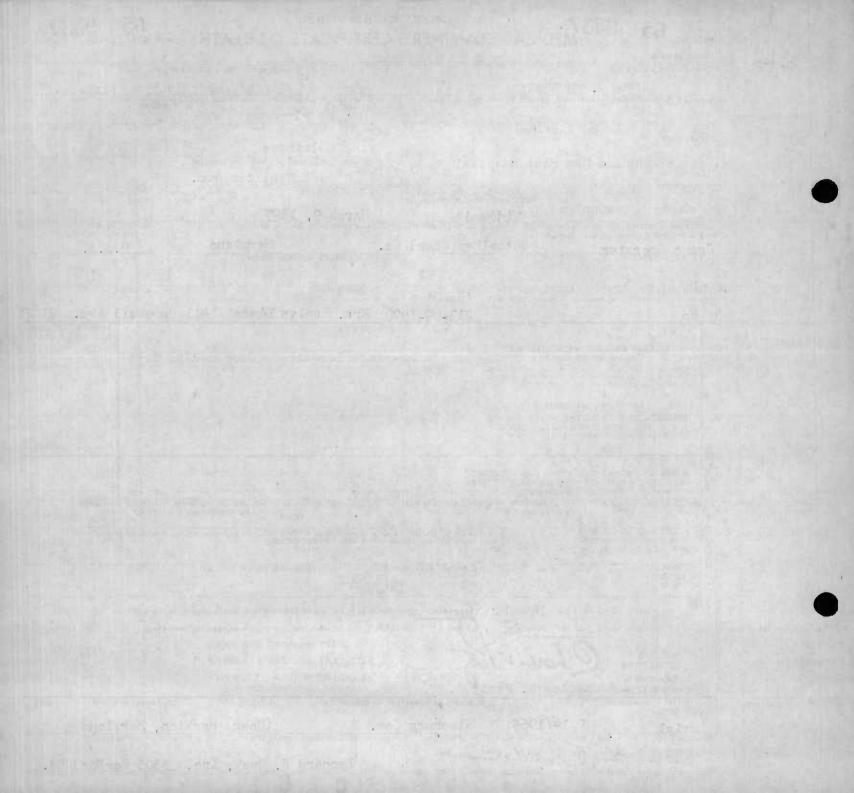
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FUNERAL DIRECTOR: IMPORTANT	ad ad
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	The sho

	15 000	BALTIMORE CITY	HEALTH DEPARTMENT	~ 0000					
BIRTH	NO. 15.22866 0000	CERTIFICA	TE OF DEATH Registered No.	5 9336 4					
	ASE NO. ME OF DECEASED ROBERT	James Rowe	2. DATE AND HOUR OF DEATH	1995					
(Type	or Print)	ANXX Rune	9-10-65	11 25 84					
3. PLA	CE OF DEATH IN BALTIMORE MARYE		4. USUAL RESIDENCE (Where deceased lived. II in	stitution: residence before admission)					
FIII	L NAME OF (If not in hospital or in	(: 18	A. STATE B, COUNTY	01-124					
HO:	SPITAL OR oddress or location) TITUTION	istitution, give sweet	C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)					
= =		can a difference of	Baltimore #6						
3/	Mexcy Haspin	tel bene in the	D. STREET ADDRESS (If rurol, give location)						
		Marylet no L	5223 Saybrook Road						
5. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
/		single	9-10-65	2					
	SUAL OCCUPATION (Give kind of work 10B uring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	None		Maryland	USA					
13. FA1	THERS NAME	0 0	14. MOTHER'S MAIDEN NAME						
	Walter K.	Rowe gr.	Martha g	. (rymes					
15. Wa	s Deceased Ever in U. S. Armed Forces?		17. INFORMANT	ADDRESS					
(1 es, no	or unknown) (If yes, give war or dates of	service) SECURITY NO.	Mr. Walter K. Rowe Jr.	(Same)					
18.		CAUSE O	U	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECT	TLY	2	ONSET AND DEATH					
	LEADING TO DEATH	(A) PTA	BRUPTIO TLACENTI	29 2489					
	his does not mean the mode of dyi east foiluse, osthenia, etc. II meons the		- Stray	· · · · · · · · · · · · · · · · · · ·					
	injury or complication which coused death.) ANTECEDENT CAUSES (B) PREMATIVE:								
ten.	ANTECEDENT CAUSES	(B)	120 W	3					
	ISEASES OR CONDITIONS, if any,								
	se to the obove couse (A) sto NDERLYING CONDITION last.	ling the (C)		**************************************					
	Ш								
0 0	THER SIGNIFICANT CONDITIONS CON								
AT	ISEASE OR CONDITION CAUSING IT.								
E 19,	A-DATE OF OPERATION 198. CONDITI	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?					
CERTIFICATION 01001	A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C WMERE DID. (If in Reliment	City, give exact location)					
OR	CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	with And ever (acquain)					
U	D. TIME (Month) (Doy) (Year) (H		DIE HOW DID IN THE COURT						
₩ OF	INJURY	While At Not While	21F. HOW DID INJURY OCCUR?						
(A	PPROX.)	Work Al Work							
22	. I certify that (I) (this hospital) at	tended the deceased from	19to	19					
the	ot (I) (we) lost sow the deceased o	live on	19ond that in(my) (our) opin	nion death accurred on the date					
on	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
23/	A SIGNATURE			23B. DATE SIGNED					
	K. 112. Lu	AAAAAA M.D. Atte	1111 M.D. Attending Med. Director Phys. 9/10/65						
23	C.PHYSICIAN'S	7	23D. ADDRESS	10/00					
	NATRE (Type)	INTE Y M.D.	7715 YOR	2 IND					
24A. B	URIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (Cit	y, town, or county) (State)					
R	13 . 1 0 122 11			nore, Md.					
25A, D	ATE REC'D BY HEALTH DEPT. 258	5. Yardens Uf Ja	25C. FUNERAL DIRECTOR	ADDRESS					
12.	P 13 1965 A P. A 8	Farley MA	Leonard J. Ruck Inc.	Balto. 14 Md.					
VS 150		TOWNERS WAY							



BIRT	GO ON H	300	MEDI	CAL EX	AMINER'S C	ERTIF	CATE	OF D	EATH Register	red No	300	
_	CASE NO.											
	De or Print)		20222			2. DATE AND HOUR PRONOUNCED DEAD						
FUL	ELMER C. ROBERTS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						11 September 1965 2:27 a. M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					dmission)
HO	SPITAL OR	ADDRESS	OR LOCA	TION)		C. CIT			corporote limits, write	KUKAL	na give townsh	1-1
Union Memorial Hospital						D. STRE	Baltime T ADDRESS 3508 Ha	(If rurol, g			- / /	
5. S	EX	6. RACE			NEVER MARRIED	B. DATE			9. AGE (In years		r 1 Yr. If Under	
	male	caucas	ian		NVORCED (specify)	Marco	h 9, 18	207	lost birthdoys	Monms	Doys Hours	Min.
				Widow	BUSINESS OR INDUSTR	YII. BIRTH	PLACE (Stote	or foreign	co untry)	12. CITIZ	EN OF	
		working life, ever	if retired)	Bethel	hem Steel Co.			Mary	land		S.A.	
13.1	ATHERS NA	WE COI			Danie II		ER'S MAIDE	N NAME				
					?	1.00					?	
		ED EVER IN U.			16. SOCIAL SECURITY NO.	17. INFOR	MANT			ADDRES	S	-III
	No				213-09-1070	Mrs.	Evelyr	n Diet	z 1411 Hor	ewel:	l Ave.	21221
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED					rioscl	erotic		ovascular o				
	0		WAS PERF	ORMED	VHICH OPERATION		no	11	OB. IF YES, WERE FIN N CERTIFYING CAUS	ES OF DI	EATH?	
EDIC	UNDERLYING	OR CONTRIB		21 B. F home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obou office bldg	INJURY OC	E DID (IF	in Boltimore City, giv	re exoct 1	ocotion)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)		HILE AT NOT AT W	WHILE _	21F. HOW I	DID INJUR	Y OCCUR?			
	ACTUA SIGNAT EXAMI	TURE	har		Suicident Suicide	CH ASSIST	_	Ur CAL EXA	MINER 🗵		DATE SIG	
	NAME (EMATION, 238	DATE		C. NAME of CEMETERY	or CREMA	TORY	23 D. LO	CATION (City,	town, or	county) f	Stote)
	MOVAL (Speci	tyl	9/14/1	965	Wiseburg Cer	n		(Nes	r) Parkton,	Mam	vland	
	DATE REC'E	BY HEALTH			OF REGISTRAR		FUNERAL D		a / Laikton		ADDRESS	
	SEP 1			8 E. Fa		Le	onard d	J. Ruc	k. Inc. 5	305 H	arford R	d.
VS	151-REV. 1/1	/65		1 / /	he is	0 6	0 1	1				,



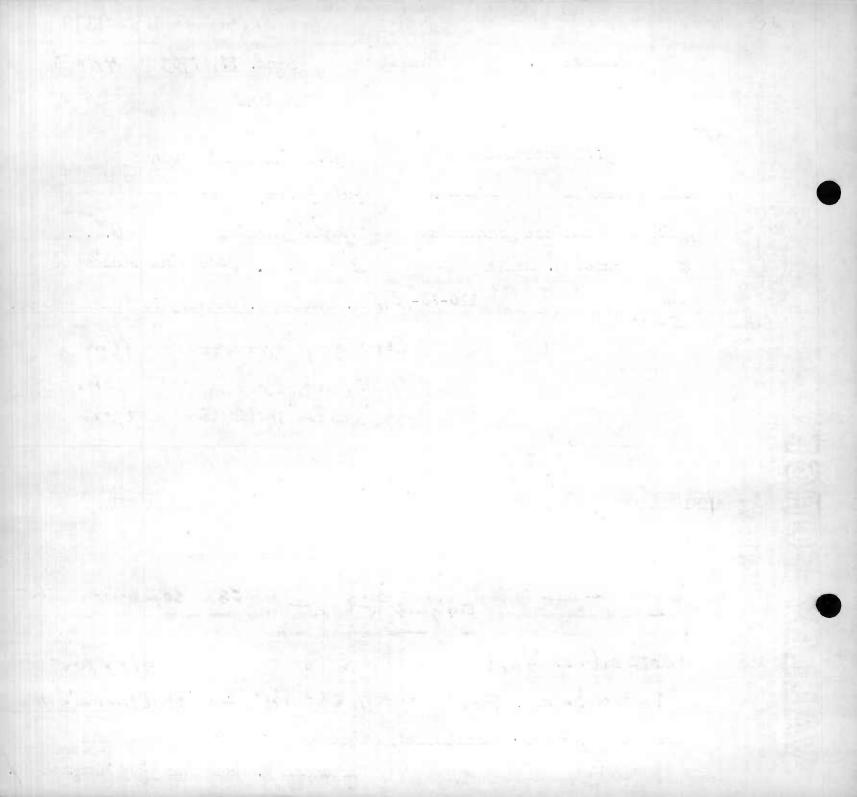
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VS 150-REV. 1/1/65

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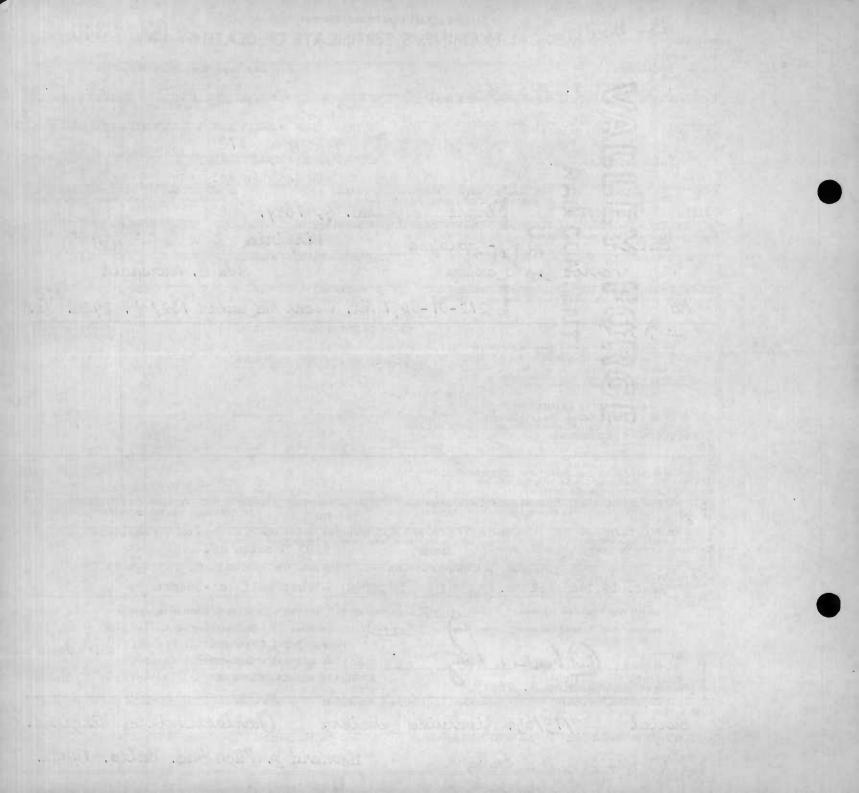


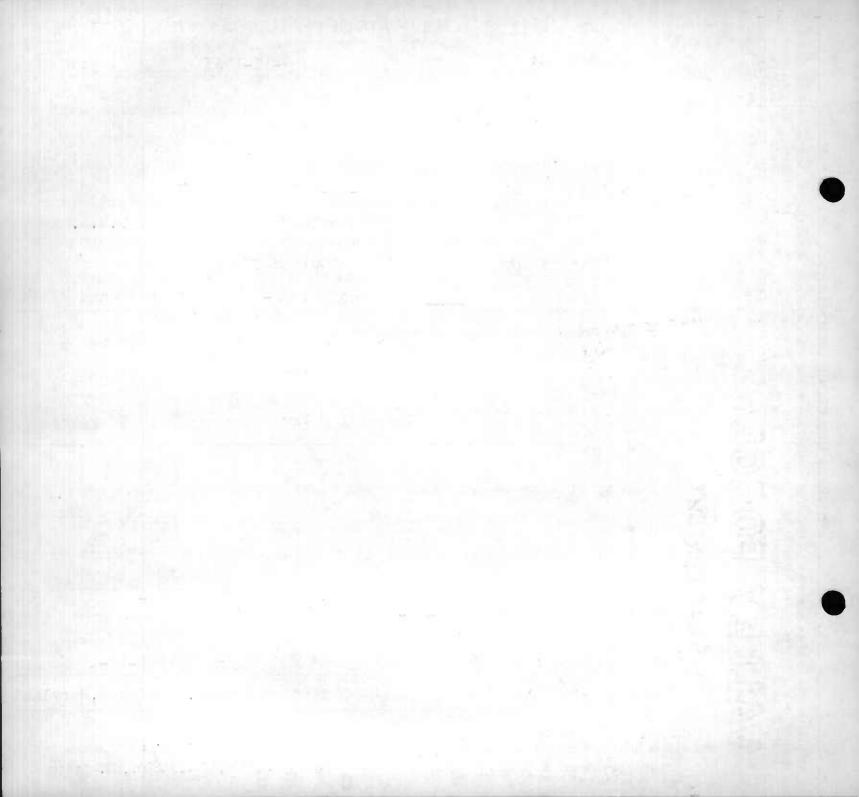
BALTIMORE CITY HEALTH DEPARTMENT

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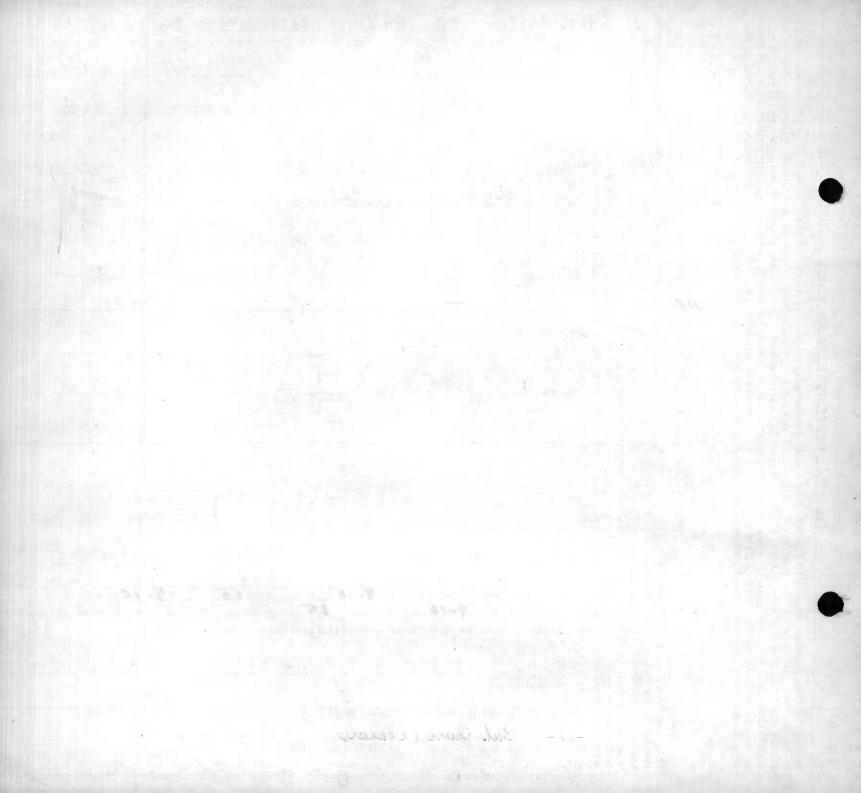
BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 334U				
N.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD				
(Type or Print)					
BENJAMIN F. MC CAULEY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	12 September 1965 10:40 a. M. W. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission)				
	A. STATE B. COUNTY 27-42				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
HOSPITAL OR ADDRESS OR LOCATION)	Baltimore #12				
5503 Lothian Rd.	D. STREET ADDRESS (If rurol, give locotion)				
	5503 Lothian Rd.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) male caucasian	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Oec. 9, 1899. 65				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	WHAT COUNTRY?				
Barber Self-Employed	Virginia ""USA"				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Parrie E. McCauley	Ada B. Marshall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL (Yes, no grunknown), (If yes, give wor or dotes of service)	17. INFORMANT ADDRESS #18				
(Yes, no erunknown) (If yes, give wor or dotes of service) 212-01-0091	Mr. Oscar McCauley 1627 E. 29th. St.				
18 9 7 6 V . CAUSE	OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH (A) Shotgu	n wound of abdomen				
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. Il means the disease, injury or complication which coused death.)					
Injuly of complete and which code addition					
ANTECENDENT CAUSES (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	TIO .				
Q UNDERLYING CAUSE WAS 218, PLACE OF INJURY (e.g., in foctory, street, on the last of the	in or about 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., Nyury occur? 5503 Lothian Rd.				
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX Sept. 12,1965 8:140 a m. WHILE AT NOT WORK	while shot self in abdomen				
22. I certify that I held an Inquiry Inspection Aut	opsy and that on this basis, death in my opinion				
resulted fram: Natural causes Accident Suicide	Hamicide Undetermined manner				
	CHIEF MEDICAL EXAMINER				
SIGNATURE (Charles) Lety M.D.	ASSISTANT MEDICAL EXAMINER***				
EYAMINED'S	ASSOCIATE MEDICAL EXAMINER 9/12/65				
NAME (Type) Charles S. Petty					
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)					
Burial 9/15/65. Riverview (e	metery Charlottesville, Virginia.				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
SEP 13 1965 P. O. B. E. Farber M. R.	Leonard J. Ruck Inc. Balto. 14 Md.				
API AND TO THE MENT OF THE PROPERTY OF THE PRO					



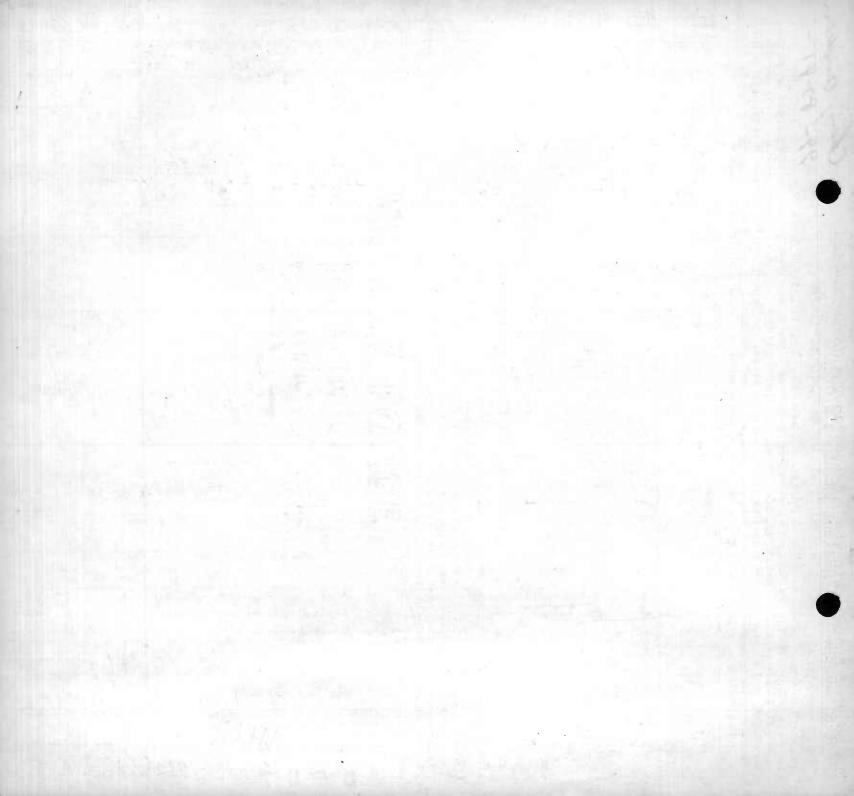


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IMPORTANT	or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death re of any kind; (4) Undetermined cause; (5) Deceased	attended a second was a second of a second of
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was a follower.	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

20012		Y HEALTH DEPARTMENT		4.
BIRTH NO. 65-22753 65 9346 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	55 9342
1. NAME OF DECEASED BARRY	ol Ando	0	HOUR OF DEATH	- 1 10 0 0
3. PLACE OF DEATH IN BALTIMORE MARYLAND	1 6-111-54-1	4. USUAL RESIDENCE Where A. STATE B. COUNT	deceased lived. Il inst	titution: residence belore admission)
FULL NAME OF (If not in hospital or instituti	on, give street	md		9-06
INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RL	JRAL and give township)
Md. GEIV.	Harn	D. STREET ADDRESS (If re	ural, give location)	# 18
	910 S P.	1616	E. 32"	ed St
	MED, DIVORCED (specify)		. AGE (In years ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
TON USUAL OCCUPATION (Give kind of work 108, KINE	nate	11. BARTHPLACE (State or foreig	n country)	1 40
done during most of working life, even if retired)		115A		WHAT COUNTRY?
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		0
Robert Molnin	Indorson	SANDRA	LYNN	EWING
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi-	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
MO		FATher.		same
18. 776XI	CAUSE C	DF DEATH	100	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Trans Line	4	
(This does not mean the mode of dying,	e.g., DUE TO	www.	7	
hearf failure, asthenia, etc. It means the dise- injury ar complication which caused death.)	ise,		/	
ANTECEDENT CAUSES	(B)			**************************************
DISEASES OR CONDITIONS, il any, giv				
UNDERLYING CONDITION last.	fhe (C)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING				
DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUJOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED		ye,	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21%. WHERE DID office bldg INJURY OCCUR?	(If in Soltimare	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
22. I certify that (I) (this hospital) attended	1		9 65 10 9	-10 1965
that (1) (we) last sow the deceased alive	6 10			on deoth occurred on the dot
ond hour and from the causes stated above	s. (1) (We) (did) (dld not)			
23A. SIGNATURE				23B. DATE SIGNED
9 Honas	secol M.D. Att	ys. Director Director	Stoff Phy s.	9/10/05
23C. PHYSICIAN'S NAME (Type)	A VICA D. M.D.	23D. ADDRESS	real H	on to.
24A. BURIAL CREMATION, 24B. DATE 246	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, town, or county) (Stote)
REMOVAL (Specify) 9-11-65 B	adtimore Geme	exterioral Ba	ltimore, M	ld.
254 DATE REC'D BY HEALTH DEPT. 258 NAM	AFTE BEGISTRAD	25C. FUNERAL DIRECTOR		ADDRESS
SEP 13 1900 (1600 6 8	Janke P. S.	2	en Bit	Per Scar
VS 150-REV. 1/1/65	D 19	1 000 5 6		



0 5000E 0040	BALTIMORE CI	TY HEALTH DEPARTMENT	05
9343 9343	CERTIFIC	ATE OF DEATH Re	gistered No. 65 9343
1. NAME OF DECEASED			UR OF DEATH 70
(Type or Print) Chen, lend	rew	9/9/25	5 Am
PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE TWANTE dece	osed lived. If institution: residence before admission
FULL NAME OF (If not in hospital or	institution, give street	ma	8-07
HOSPITAL OR oddress or locotion)	mamonon, give sweet	C. CITY/OR TOWN (If outside ci	ty limits, write RURAL and give township)
210 11.8: 74		Baltimore	
Johns Hopkins He	Jo,		ve location)
~		1250 N. Mai	v At.
6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	(In years II Under 1 Yr. If Under 24 Hrs thday) Months Doys Hours Min.
m	γ_n	72/03	2
OA. USUAL OCCUPATION (Give kind of work) (done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTH/LACE (Stote or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Henry Chin		Laura Payne	
15. Was Deceased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes	of service) SECURITY NO.		
18.4.20.11	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC		6	ONSET AND DEATH
LEADING TO DEATH		m_{\perp}	(dus
(This does not mean the made of d heart failure, asthenia, etc. It means th	ying, e.g., DUE TO	~ ************************************	
injury or complication which coused d	eath.)	iortic may	1
ANTECEDENT CAUSES	(B) UE TO	who may	ficency great
DISEASES OR CONDITIONS, if on rise to the above cause (A) s		U	'
UNDERLYING CONDITION lost.	ioning the (C)	**************************************	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.		[20A A1170 DCV2 (V N-1) 20B	LE VEC MEN SINGLE SOLUTION OF THE SECOND SINGLE SOLUTION OF THE SE
19A. DATE OF OPERATION 19B. CONDI		1 / IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	(If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY O	CCUP?
OF INJURY (APPROX.)	While At Not W	hile	000
	Work At Wo	rk U	n-1-0
22. I certify that (I) (this hospital)	0/6	9/9/65 19	10 19 7 19 0
that (I) (we) last saw the deceased	alive an	19 (a) and that in (my) (aur) apinion death accurred on the da
and haur and from the causes stated	l abave. (I) (We) (did) (flid not)	view the bady after death.	
23A. SIGNATURE			23 B. DATE SIGNED
Ushu 1+	M.D. A	hys. Med. Stoff Phys.	7/9
23C. PHYSICIAN'S NAME (Type)	1,	23D. ADDRESS	
HSHLEY	HAASE M.	JO24NS /20	PKINS / JUSP, MY
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF C	CREMATORY 24D. LOCATIO	ON (City, town, or county) (State)
Burn 19/13/196	[12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 LX	M M
25A. DATE REC'D BY HEALTH DEPT 2	B. NAME OF REGISTRAR	25C FUNERAL DIFECTOR	ADDRESS
2FL T3 1900 (15)	Sout E. House	o from to Carrow	Cl-1712 W. North Har



IMPORTANT

FUNERAL DIRECTOR:

M.E. CASE NO.	o MEDI	CAL EX	KAMINER'S CI	ERTIFICATE OF L	DEATH Register	red Na.
1. NAME OF DE	CEASED			2. DATE AND	HOUR PRONOUNCE	D DEAD
(Type or Print)	WARR	EN S.	SEIPP In.		9/9/65	2:10 p. M
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admissia
FULL NAME OF	UE NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Maryland		
HOSPITAL OR	ADDRESS OR LOCA	TION)	DIION, GIVE SIKEEI	C. CITY OR TOWN (II outside	corporate limits, write	RURAL and give township)
1				Baltimore	19	-01
7				D. STREET ADDRESS (II rural,	give location)	
5, SEX	Bon Secours	7 444 80150	NEWER ALABRIED	3930 Clove		Trans.
U, SEA	6. RACE	WIDOWED,	DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months, Days, Hours, Min.
male	white	Marr		April 4, 1912	53	
dome during most ph	working life, ever if retired)	. proj		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	1	D to.	City Schools	14. MOTHER'S MAIDEN NAME		WH
4.04		C.				
	Stit Seipp,		16. SO CIAL	Minnie Held		ADDRESS
Yes, no or unknown	O EVER IN U.S. ARMED	al service)	SECURITY NO.			ADDKE33
	1414 1.			Family Records		
18.	22.11		CAUSE	OF DEATH		INTERVAL BETWEEN
RISE TO TH UNDERLYII	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL	ATING THE				
DISEASE O	R CONDITION CAUSING	IT.	/			
19A. DATE OF	OPERATION 198, CON WAS PERI		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS YOS	
UTING CAU	CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i, farm, loctory, street, a	in ar about 21C, WHERE DID (ffice bldg., INJURY OCCUR?	f in Baltimore City, giv	e exact location)
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year	\	WHILE AT NOT WORK AT W	21F, HOW DID INJU	RY OCCUR?	
22.	tify that I held an I	nguiry	Inspection Aut	apsy x and that an thi	s basis, death in m	v opinlan
	ted fram: Natural cau		Accident Suicide		ndetermined manne	
	Ted Itamir Hardran Car	-	Sorcial Sorcial	CHIEF MEDICAL EX		
ACTUA		uls !	n. Birlo.	ASSISTANT MEDICAL EX	AMINER X	DATE SIGNED
EXAMIN NAME (Tuna	er II. S	Spitz MD	ASSOCIATE MEDICAL EX	AMINER	9/10/65
23A. BURIAL CRE	MATION, 23B, DATE	23	C. NAME of CEMETERY .	CREMATORY 23D. LC	CATION (City,	town, or county) (State)
Burial	Sent.	11. 196	5 Prospect His	Il Cometenu To	woon, Maryle	and
	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR	many mary	ADDRESS
CE	P 1 3 1965 (P	0. 8 8	Jarley M. A	John Burns'	SOns, Towson	no Maryland
VS 151-REV. 1/1/		A Jun	6 5 0 T	0 8 8 5 9		

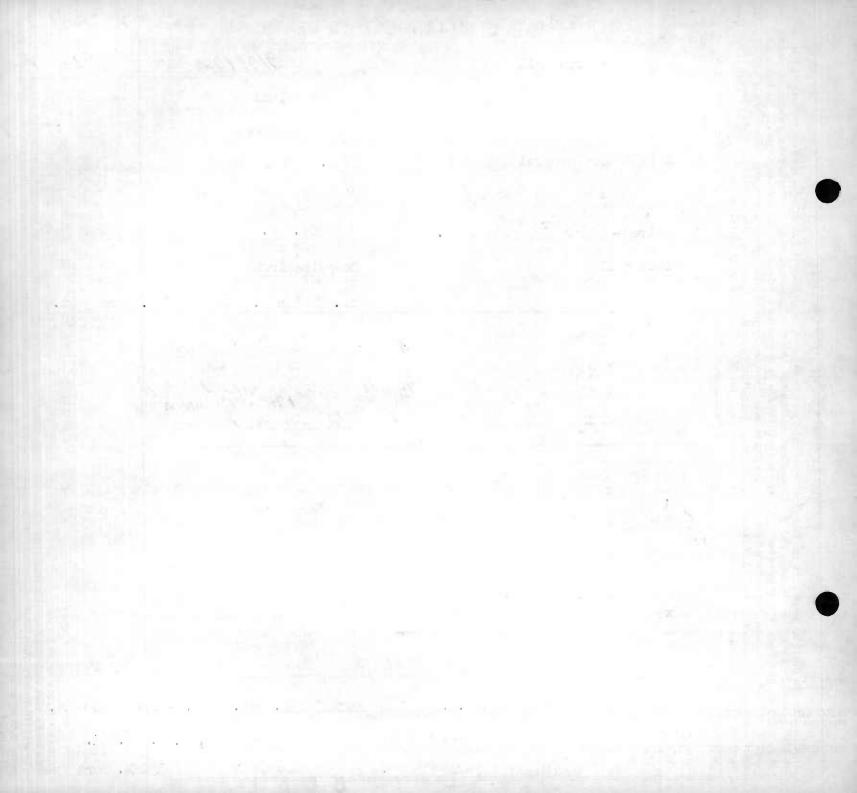
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65 9346	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 00 40
BIKIN NO.	CERTIFICA	TE OF DEATH	Registered No.	00 9346
N.E. CASE NO.		2. DATE AN	ID HOUR OF DEATH	
Typo or Print) COMPLON, KA	TITEYN LOUI	SE (MRS) S	9/9/65	11.30 A
PLACE OF DEATH IN BALTIMORE, MARYLAND			re deceosed lived. If in	stitution: residence before admission
FULL NAME OF (If not in hospital or institt		C. CITY OR TOWN (II out	Nide city limits, write 1	RURAL and give township)
MOTOR BYSZ FIF	MURE.	PATTO	MORE T	MONIUM
		D. STREET ADDRESS (IF	rurol, give locotion)	ROAD 5300
A. WHIE.	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8/11/08.	9. AGE (In yours lost birthdoy)	II Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B, KII one during most of working life, even if retired)	nd of Business or Industri The Home	TII. BIRTHPLACE (State or foroi	gn country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	C /IO/IOG	14. MOTHER'S MAIDEN NAM	542.	MINICACH
MERRIL C. S	HADE	LUCY S	FORRE	2-7
. Was Deceased Ever in U. S. Armod Forcas? es,no or unknown) (If yas, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No None		Family Record	0	
18. / JAN CONDITION DIRECTLY	CAUSE	CELL CLASTICA	of the	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) PO	vole the origin	in Corci	none 8/14/65 8
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		Pariereas	wind	21-1
injury or complication which caused death.)	to the	Exs Want	E-V61	9/9/65
ANTECEDENT CAUSES	DUE TO (A t		
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating		mulaslasis	6	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING			P	uh
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21 D. TIME (Month) (Doy) (Yout) (Hour	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	100
(APPROX.)	While At Not Wh			
22. I certify that # (this hospital) atten			19 65 to S	1965
that (1) (we) last saw the deceased alive	-10			nian death accurred an the de
and haur and from the causes stated abo			at mitager (doiry apri	mon death accorred on the a
23A. SIGNATURE	(ve. %) (ve) (did) (did ser)	view the body after death.		23 B. DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	En . M.D. At	tonding Med.	Stoff Phys.	9/9/65
23C. PHYSICIAM'S ZUTZANG HSU	, M.D	23D. ADDRESS UNION MEM	oral Hos	r., BOLTIMORE
	4C NAME of CEMETERY of CI	REMATORY 24D. L	OCATION (C)	ty, town, or county) (State)
Removal Burial Sept. 11.19	65 Green Lawn (emeteru (o.	lumbus, Ohio	
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	ANE OF REGISTRARA	25C. FUNERAL DIRECTOR	•	ADDRESS
SEP 13 1965 Pub	ANGE OF TEGIN RAMA	John Burns'		a Maryland
'S 150-REV. 1/1/65	1 6 5 6 3	0 8 8 6	,	7
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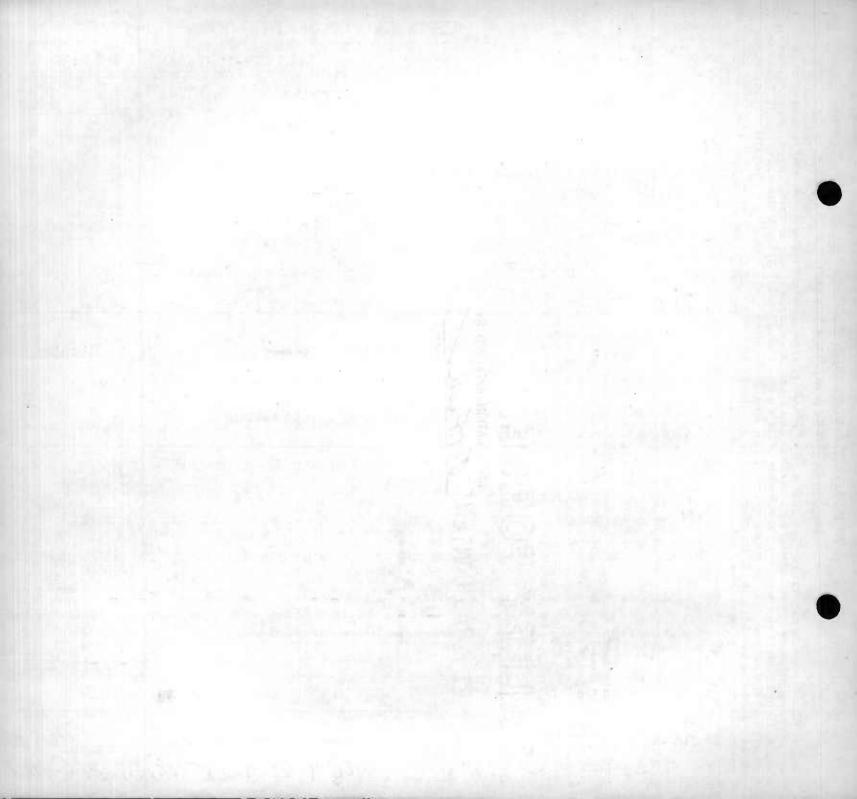
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4	346		05 0040		HEALTH DEPARTMENT	1	25 9248
70.	2002	- 10	18TH NO. 65 9348	CERTIFICA	TE OF DEATH	Registered No.	65 9348
an	ase th 5uc		A.E. CASE NO. NAME OF DECEASED Type or Print)	22200		D HOUR OF DEATH	. 2114 0
77	Dece e on		PLACE OF DEATH IN BALTIMORE MARYLAND	SAC	4. USUAL RESIDENCE (Where	e deceased lived. If insti	13:14 A M. (tutian: residence befare admission)
1	000	Q.	ERTIFICATE AME	NDEU_21-69	IIA. STATE . B. COUN	TY	1/
cduse	da da		FÜLL NAME OF (If not in haspital ar institutia HOSPITAL OR oddress ar lacotion) INSTITUTION	n, give streel	/J N	side city limits, write RU	RAL and give township)
5	tend r to	1	7 MERCY HOSPITAL		Section 12	E. 6-len	Durine
o to	prior		1 112121 1100111112		-	urol, give lacation)	52-00
0 0	_	ade	SEX 6. RACE 7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	EDRAL DA	If Under 1 Yr. , If Under 24 Hrs.
rmir egul		E	111	MARRIED	5 Hug, 1893	.72	Month's Days Haurs Min.
00-0.			OA, USUAL OCCUPATION (Give kind of work 108, KIND one during most all working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
o nd		disposition	RETIRED Galt	-011 Co.	YENNA.		W. S. A.
t) n wa		00.	3. FATHER'S NAME	13	14. MOTHER'S MAIDEN NAM		SHANK.
			5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	22/2/	9BCTH	ADDRESS
kind deat ce o		- Lindi	es, na ar unknawn) (If yes, give war ar dates af service	SECURITY NO.	C C	C.11	ADDRESS
d y b			118, 1, 6, 4, 4	CAUSE 0	E DEATH	Julei	INTERVAL BETWEEN
of any of any unced tenda		- 411	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
Als nound metter	Ф	1	LEADING TO DEATH (This does not mean the made of dying, e.	(A) DUE TO	UREMIA	**************************************	2 weeks.
ar or	C	3	heart failure, asthenia, etc. It means the diseast injury at camplicolian which caused death.	e, DOE 10	A .		Taries III.
frac		E	ANTECEDENT CAUSES	(B) C	Intra - abdom	ital abrees	2 webs.
A A O		0	DISEASES OR CONDITIONS, if ony, givin	19	0.000	7	5 41
0 M		ns a	rise to the above cause (A) stating to UNDERLYING CONDITION last.	(C)	(a)	cum-	3 moules
rns; rsicic was			II				
burns; (;)hysician In was in	ren		OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12				
a bo	Lue	1	19A. DATE OF OPERATION 19B. CONDITION FO	WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE FIN	IDINGS CONSIDERED
Be th	10		S May 1965 Ca	5) Rectum	Uo NHERE DID		City, give exact lacation)
(2) (2) (2) (6) (6) (6)	ero		OR CONTRIBUTING CAUSE OF h	18. PLACE OF INJURY (e.g., ir amer larm, lactary, street, al tc.)	fice bldg. INJURY OCCUR?	tir in baltimore C	ity, give exoci laconon)
Spir ure; Wh S) N ed b	0		21D. TIME (Manth) (Day) (Year) (Haur) 2 OF INJURY	E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
nat rept d (6	c			Vhile At Not While Vark At Work	e 🔲		
ny in except and and obto	SOTO		22. I certify that (1) (this haspital) attended		29 aug. 1	965 10 9:	Sept. 19 65
of all (all (be of be of	90		that (I) (we) lost saw the deceased alive or	2 Sept	19.650 and the		on death accurred on the date
dent of ospital death) must b			and hour and fram the causes stated above.	(I) (We) (did) (did not) v	iew the body after death.		PER LESS
der de	E		23A. SIGNATURE		ending Med.		38. DATE SIGNED
a F		5	23C/PHYSICIAN'S	traffic Phy:	s. Director 23D. ADDRESS	Staff Phy s.	9-9-63
An a	1	000	23C/PHYSICIAM'S NAME (Type)	M.D.	Rolf.		mal
D A D	1	written approval	4A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24D. LG	CATION (City.	tawn, ar caunty) (State)
75: (D.C GS®	1	6	Principle 9/11/65	Jen HAURI	Monorally L	len Bus	wie mis
shows: (1) was D.O. deceased			SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	OF REGISTRAS	25C. FUNERAL DIRECTOR	-	ADDRESS
- W 3 D 3		1	SEP 13 1965 Robert	2, 1000	Singletona	yreral for	mc/bjerburne
		1	\$ 150-REV. 1/1/65				

44-6	7-56:CEK	IT	656 HNO.56	65 9349		BALTIMORE CITY	HEALTH DEPA	RTMENT	65 9349
				00 0040		CERTIFICA	TE OF D	EATH Registered	No. 00 0040
	of death of death Deceased e on the	1, N	AME OF DECE	ary Turner				2. DATE AND HOUR OF DE	
hospital ise of d (5) Dece ance on death.	3. 1		H IN BALTIMORE, MA	RYLAND		4. USUAL RESIL	DENCE (Where deserred lived	If institution: residence before admission)	
	1	ULL NAME OF	(If not in hospital	or institution, giv	ve street	A. STATE Maryl		8006	
	d in a ling cau	l i	OSPITAL OR	Baltimore		snitals	Balti	WN (If outside city fimits, w	rite RURAL and give township)
		121		4940 Easte			D. STREET ADD		1)
				Baltimore,				East Lanvale	
•	ntribut mrribut rmined egular ssed p	5. S	Female	Negro	WIDOWED,	dowed (specify)	1-31-1	903 lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	or condete			PATION (Give kind of world orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	1	(Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	if de rect (4) Un was the sposi	13.	FATHER'S NAM	20/1	+		14. MOTHER'S A	MAIDEN NAME	2
四日	E = - E = 0	15.	Was Deceased	Ever in U. S. Armed For (If yes, give wor or dote	cos?	6. SOCIAL SECURITY NO.	17. INFORMANT	er fu	ADDRESS
RTA	the the dear	(16.	710	in yes, give wor or dole	s of service)	O O	RECORDS	S:BCH:4040 Eas	stern Avenue 21224
EXAMINER	as as if		18. 199	.211	8	CAUSE O	F DEATH	DOIN TO DAL	INTERVAL BETWEEN ONSET AND DEATH
	his of of or or or ed		ĎISEÁSE L	OR CONDITION DI	ECTLY C	(A) Pul	7000 mm T	1.5	
OR: IM miner or h miner. Als racture of pronou		(This does no	OR CONDITION DIL EADING TO DEATH of mean the mode of Isthenia, elc. It means Slicotion which caused	dying, e.g.	DUE TO	monary E	idema-	15 minutes	
	injury of co			death.)	WIO POI	vic mali	gnancy with	1 year	
	mi mi mi ho ho egu	ATION		NTECEDENT CAUSES R CONDITIONS, if		DUE TOLO	zen pelv	vis, probable	
BY REC	a) A		rise to the	above cause (A)	stoting fh	Cer cer	ebral me	etastases	
	ical ical ns; (ciar as i		UNDERLYING	CONDITION last,	CA	150			
APPROVED ERAL DIR	edic burn hysi n we		OTHER SIGNIF	TCANT CONDITIONS C ATH BUT NOT RELA	ONTRIBUTING	4 4 4	nsive ca	rdio-vascular	
APE ER	+ E > 0.0 0			ONDITION CAUSING		disease	120A. ALITOPS	Y? (Yes or No.) 20B. IF YES, W	? years
BE N	chie Bod the ysic e th	ERTIFIC	2	WAS PER		THE C. EKAHON	YE	IN CEPTIEVING	CAUSES OF DEATH?
TO E	tal by; (2) here lo ph	CAL CE	21 A. ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UNDERLYING DING CAUSE OF medical examiner	21 B. P home, etc.)	LACE OF INJURY (e.g., i form, foctory, street, o	fice bldg., INJURY	HERE DID (If in Bold OCCUR?	timore City, give exact location)
	spiteres who so N (5) N ed b	MEDIC	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E, I	NJURY OCCURRED		OW DID INJURY OCCUR?	
	ho ho de	>	(APPROX)		White	At Work	e 🗌		
	pro the iny exc an		22. I certify t	hat (1) (this hospito) attended the		9-9-	196.50	9-10- 19 65,
	of o			lost sow the decease					opinion death occurred on the dote
	sed sed int pit eat		and hour and 23A. SIGNATUR	A	ted obave. (1)	(We) (did) (did not)	iew the body a	fter death.	23B, DATE SIGNED
	lea:ide			alle of	somile	M.D. Att	ending A	Aed. Stoff Phys.	9-10-1965
	ate muss releand action to royal i	-	23C. PHYSICIAN	rs pel Allen Jo	hnson		BCH: 494		nue 21224
	ificate y was 1) An 3.A. at d prio appro	244		AATION. 24B. DATE		ME of CEMETERY OF CR	MATORY	24D. LOCATION	(City, town, or county) (Stote)
	s: (OD.OD.OD.OD.OD.OD.OD.OD.OD.OD.OD.OD.OD.O	/	MOVAL (S)	od, 9-15.	.65 m	it auch	ur	Batta	md
	This certi the body shows: (1 was D.O. deceased	254	. DATE REC'D	and A	258. NAME 9	REMISTRAR	25C. FUNERA	AL DIRECTOR	ADDRESS
	二十 な 多 す 多	-	SEP 1	3 1965 R.C	mo 6.	5 0 0	0600	Keeze, II	anapolished
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M.E. CASE NO.	65 9350		CEDITIEICA	TE OF DEATH	Registered N	65 9350
			CERTIFICA	IE OF DEATH	V	
. NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEA	тн
Type or Print)	BERTHA	E. FIS	HER	9-9	1-65	4:05 P
. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceosed lived. I	f institution: residence before admissio
FULL NAME C	F (If not in hospital	or institution of	we steet			Ball
HOSPITAL OR	oddress or locotion		TO SHEET	C, CITY OR TOWN (If a	utside city limits, wri	te RURAL and give lownship)
	CT ACNEC I	IOCD I TA		BALTIMORE		3300
/	ST. AGNES H	HUSPITA			f rurol, give location)	
					ROAD	
SEX CEMALE	6. RACE	7, MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
FEMALE	WHITE			1-9- 182 X 83	82	
	UPATION (Give kind of work working life, even if retired)	KIOB, KIND OF	BOSINESS OK INDOSIKE	1). BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
NON				MARYLAND		USA
3. FATHER'S NA				14. MOTHER'S MAIDEN N.	AME	524 57 St. C. P. C.
WIL	LIAM COOK			BALMAN		
5. Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,	0. 00171007	JECORIII NO.	ST. AGNES R	ECORDS-WI	LKINS AND CATON
1B. 4. 0	0.11		CAUSE O			INTERVAL BETWEEN
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	nol mean the mode of asthenia, etc. It means		DUE TO	, , , ,	A	
	nplicolian which coused		7	nfacter.	2	
	ANTECEDENT CAUSES		(D)			
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DISEASES (OR CONDITIONS, if	ony, giving		nte my nfaction 7.S.C.V.D		
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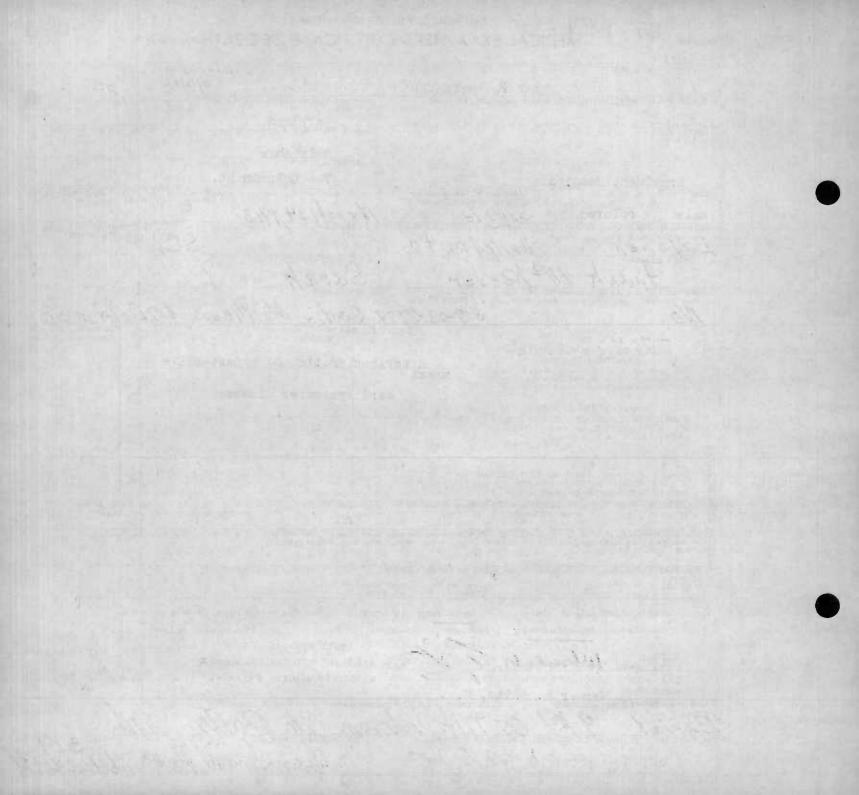
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9351

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 9351

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
FRANK K. MCKEEVER	9/9/65 5:55 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (Il outside corporate limits, write RURAL and give township)
	Baltimore D. STREET ADDRESS (If rurol, give location)
Provident Hospital	746 Dolphin St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
male colored SINO (Specify)	Mar. nala 94 1012 last birthdoy) Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work TOR KIND F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during gost of working life, even if retired) United Thruit Co.	SC. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tudal Mª Karyon	Sanah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no orunknown) (If yes, give wor or dates of service) SECURITY NO.	1. M. H. IND I loved
100 \$17-03-677	9 Sadle Mallyews GILDOLPHINST.
NB. CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	riosclerotic and hypertensive
hear failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
Chipty of Completation which coused deonis.	eardiovascular disease
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNASSICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION CAUSING IT.	Too All Manager (V. N.) Jana 12 years
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
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22.	
	utopsy and that an this basis, death in my opinion
resulted from: Natural causes Accident Suici	de _ HomicIde _ Undetermined monner _
100	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE WIRL M. Z. M.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9/10/65
NAME (Type) Werner II. Spitz. M.D.	- LUTT,
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
Bunial 9 B/ C5 WH (111)	Tun Mm 12dlla, Will
24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR
07000	8/10 14 1 mal 11 m 01/3/9
SEP 13 1965 Robert E. Jankey Mars	willamstiminal stand Thephoener
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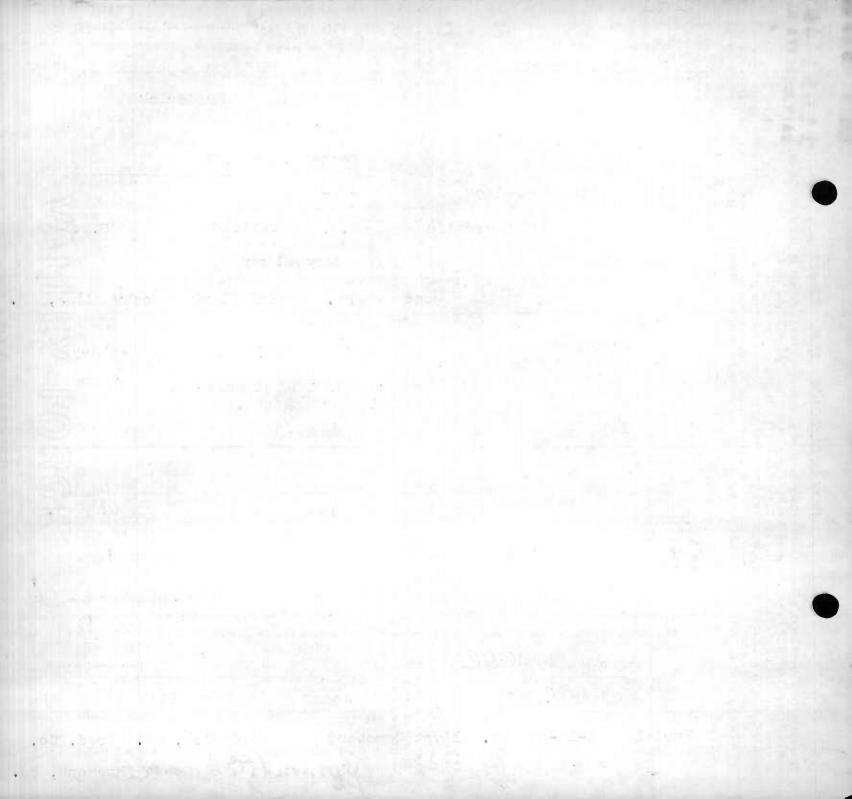
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DIRECTOR:

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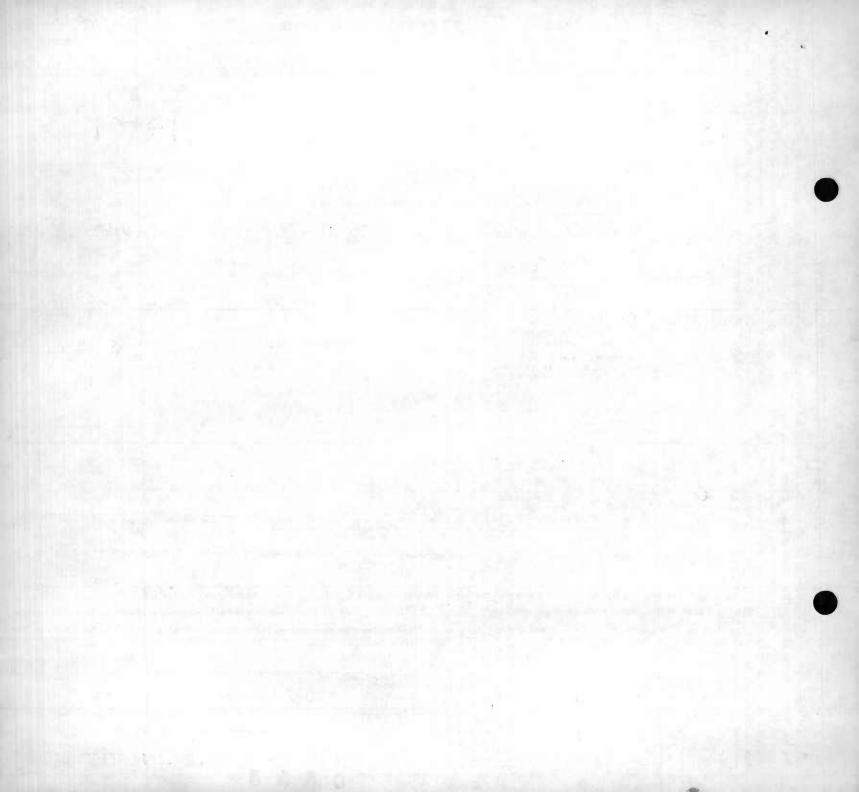
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	LAND		•			
9/28	134	9. AGE (In years lost birthday)	If Un Month	der 1 Yr. Doys	If Un Hours	der 24 Hrs. Min.
11. BIRTHPLAC	E (State or fore	eign cauntry)	12. C	HAT CO	UNTRY?	
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14. MOTHER'S	MAIDEN NA	ME -				
E571	100	SCHINOLER				
17. INFORMAN		20077.0007		ADDI	ESS	
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20 A. AUTOP	SY? (Tes or N	O) 20B. IF YES, WEE	CAUSES O	F DEATH	?	
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21 F. H	OW DID IN.	JURY OCCUR?				
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nding _	Med. Director	Staff Phy s.		SCPT	9,	1965
3D. ADDRESS						
2	NAT HOS	SPITAL , B	BALTO,	MO		
MATORY	24D. I	OCATION	(City, tawr	, or coun	ty)	(State)
	BA	ALTIMORE A	IARVIA	ND		
25C. FUNER	AL DIRECTO	R		AI	DRESS	
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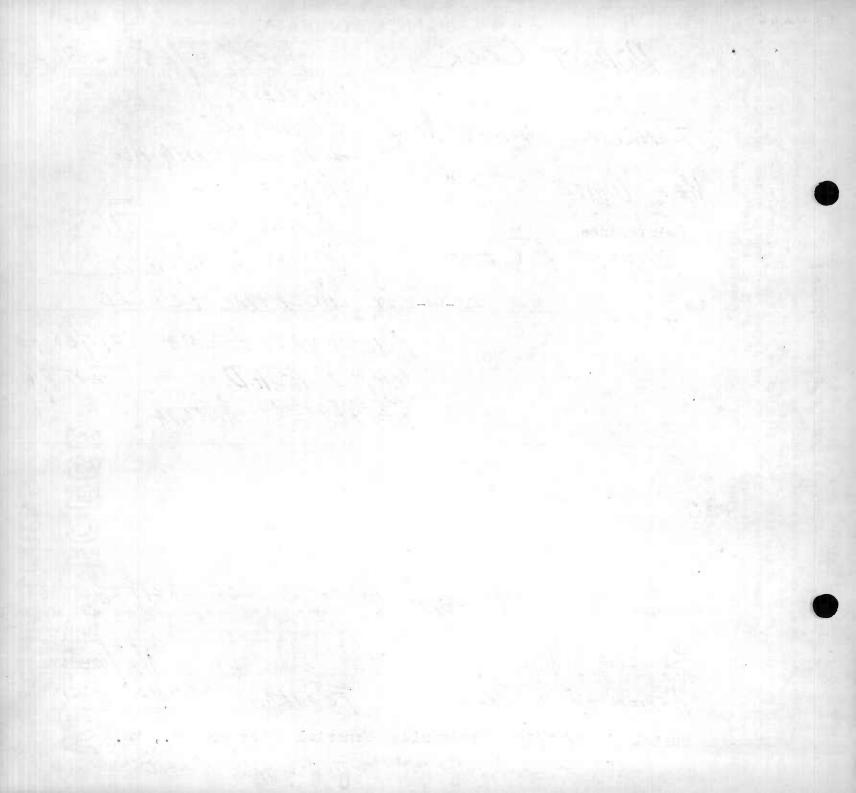
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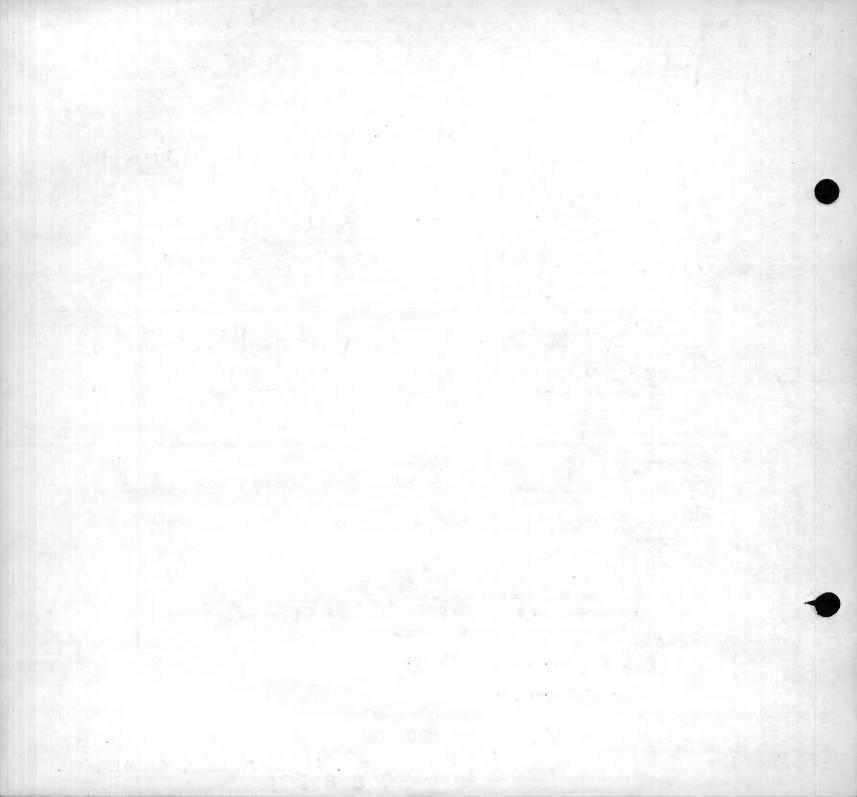
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 65	935

MARLYN HESS	September 8, 1965	8:45 A
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residen A. STATE Maryland B. COUNTY	ce before odmission)
SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and Baltimore	give township)
Mercy Hospital	D. STREET ADDRESS (If rurol, give locotion) 702 Saint Paul Street	
female white Single Susual Occupation (Give kind of work) 08. Kind of Business Or Industri	July 17, 1935 last birthday Months Do 30	Yr. If Under 24 Hrs. ys Hours Min. OF
Book Dinder ?	Maryland U.S	
	Mary E. Miller. 17. INFORMANT ADDRESS	
no no ?	Joseph C. Hofstetter. 3649 Ke	eystone Av
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, astherio, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	dose of barbiturates	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
WAS PERFORMED	yes IN CERTIFYING CAUSES OF DEAT	H?
UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH. home, farm, foctory, street, etc.) home 10 10 10 10 10 10 10 10	702 St. Paul St.	
(APPROX.) 9 7 65 ? WHILE AT NOT AT	took overdose utapsy and that an this basis, death in my apinian	
	Mercy Hospital SEX 6. RACE Widowed, Divorced (specify) Single A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTIONS of BOOK 1nder BOOK 1nder FATHER'S NAME Father's NAME DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heart follure, ostherio, etc., injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 9 7 65 ? WHILE AT NOT WORK	AUSTREET NAME TATHER'S NAME TO STATE OF DEATH TO SEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not men the mode of dying so, near the mode of dying so, inquiry or complication which coused desth.) AND ISSASE OR CONDITION DIRECTLY LEADING TO DEATH This does not men the mode of dying so, inquiry or complication which coused desth.) ANTECENDENT CAUSE (A) STATING THE DISEASE OR CONDITION CAUSING IT. ANTECENDENT CAUSE (A) STATING THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [912, CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION CAUSING IT. BLOOK TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [912, CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [912, CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [912, CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [92, CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [92, CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [92, CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [92, CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [92, CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PADATE OF OPERATION [92, CONDITION TO THE DISEASE OF THE DEATH BUT NOT RELATED TO THE DISEASE OF THE DEATH BUT NOT RELATED

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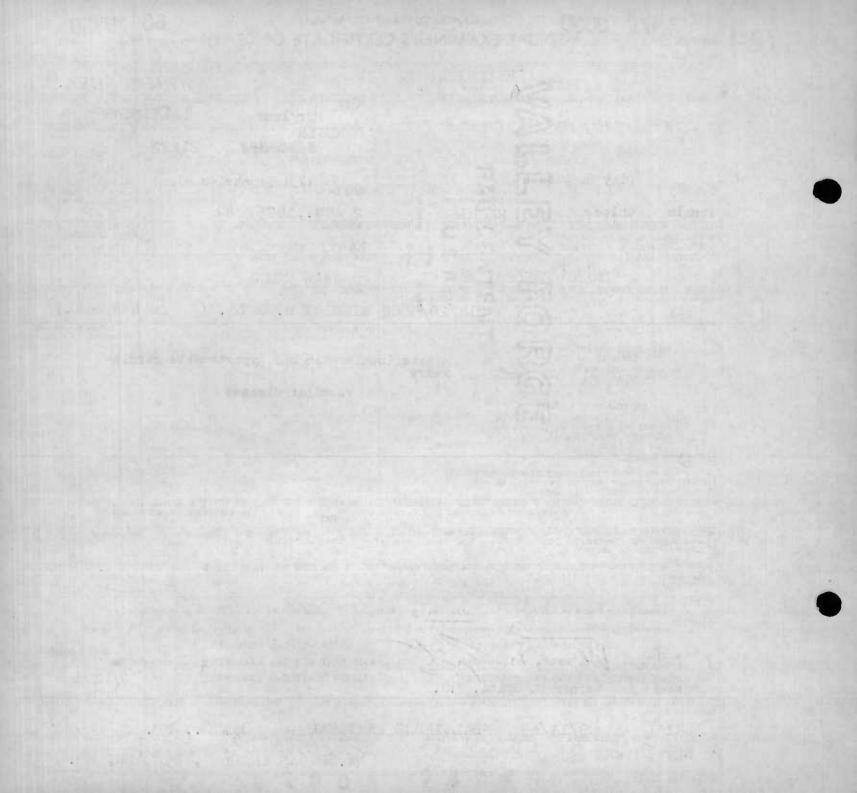


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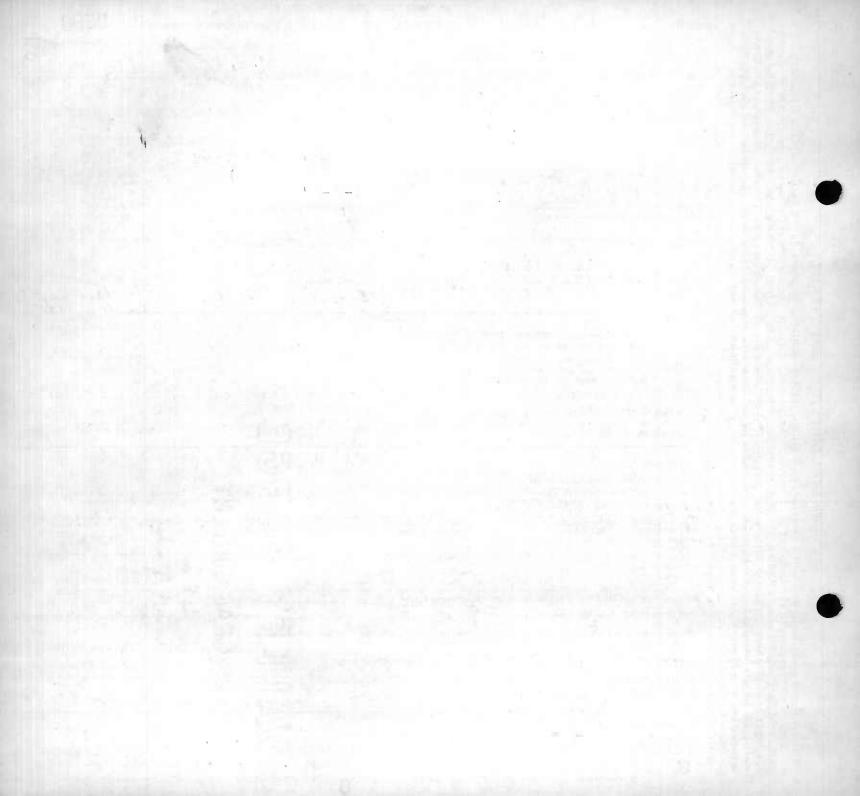
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5665	BIRTH NO. 65 9360 CER	TIFICATE OF DEATH Registered Na.
of death of death Decease on the	1. NAME OF DECEASED (Type or Print) Ona Kijauskaite.	Sept. 7, 1965
+ 00 o 4	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissian A, STATE B, COUNTY
se; (5) Dondance	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Maryland 8-03
2 0	HOSPITAL OR oddress or location) INSTITUTION 845 Hollins St.	C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship)
	0	D. STREET ADDRESS (If rurol, give locotion)
		845 Hollins Street
	5. SEX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED Single	
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS O	
	dane during most of working life, even if retired)	Lithuania
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Vincas Kijauskaite	Maknaviciute
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURIT	ry No. 17. INFORMANT Drazdys 845 Holling St
	no no	CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	1A Arteriale Canalavase 7 Lags
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO DUE TO DUE TO
	ANTECEDENT CAUSES	(B) Seneral, askryotel severys.
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)
	Z CONTRACTOR CONTRACTOR	
	OF THE REATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPER WAS PERFORMED	RATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF I	INJURY (e.g., in ar about 21 C. WHERE DID (If in Boltimore City, give exact location)
	DEATH (notify medical examiner) etc.)	INJURY (e.g., in ar about 21 C. WHERE DID (If in Boltimore City, give exact location) ory, street, affice bldg., INJURY OCCUR?
	OF INJURY OF INJURY OF INJURY	
	(APPROX.) White At Work	Not White At Work
	22. I certify that (I) (this hospital) attended the decease	
	that (I) (we) last saw the deceased alive an	19and that in(my) (aur) apinian death accurred an the do
	and haur and fram the causes stated abave. (1) (We) (did)) (did nat) view the bady after death. 238. DATE SIGNED_
	23A, SIGNATURE	M.D. Attending Med. Stoff
1	28C. PHYSICIAN'S NAME (Type) 1 1110 12 11	Phys. Director Phys.
-	NAME (Type) J. RUDIRKA	M.D. 215/ Wilkens are Balt. M
		METERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 9=11=05 Holy Rede	
	SEP 13 1965 Polyer E. Jankey	Thomas J. Kerry, Inc. 1600 Hollins St
	VS 150-REV. 1/1/65	
	the second second	



THAKE SUIT OF GROWN

The transmission of the

BOLDSHAR & COLUMN ENTERRING & MARRIED

VS 150-REV. 1/1/65

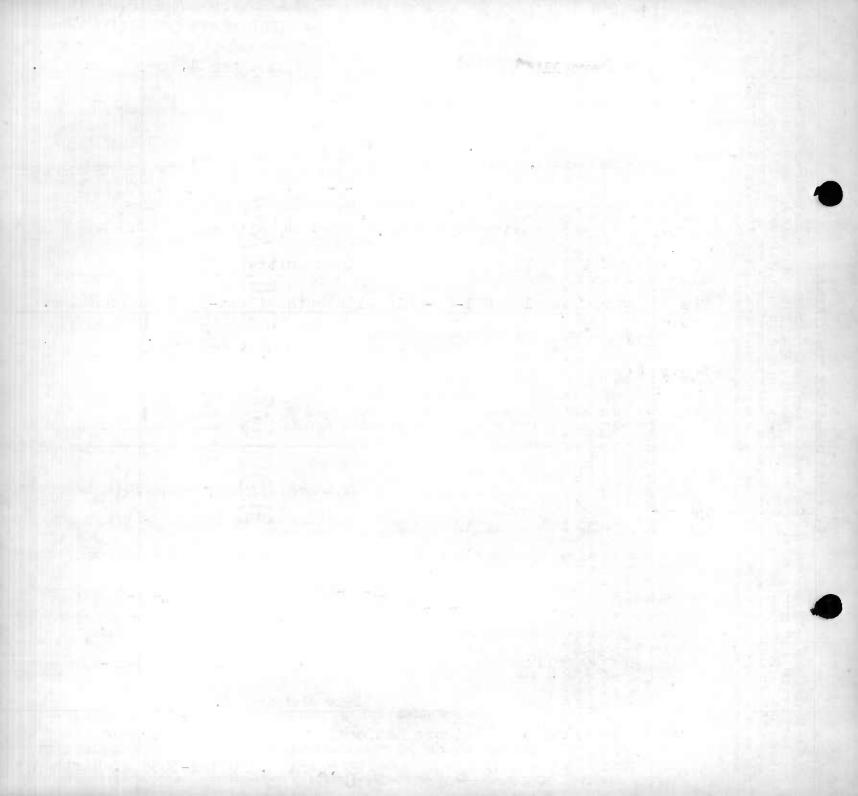
BALTIMORE CITY HEALTH DEPARTMENT

28 2812W

The second secon

FUNERAL DIRECTOR: IMPORTANT

	65 936	3	BALTIMORE CITY	HEALTH DEPARTMEN	lT .	05 0202
BIRTH NO.	00 000		CERTIFICA	TE OF DEAT	H Registered No.	65 9363
M.E. CASE NO.	SED				E AND HOUR OF DEATH	
Type or Print)		, TA 7 "				
ALDEI	t Pernell	KYLAND	- 1	Se ISUAL PESIDENCE	eptember 11,	1965 1:20 a. A
TEACE OF DEAT	III DALIMORE MA	KI LAIVO			COUNTY	Institution: residence before odmission
FULL NAME OF	(If not in hospital	or institution, give	street	Maryland	241	1-00
HOSPITAL OR	address or lacation	1		C. CITY OR TOWN	(If outside city limits, write	RURAL and give rewnship!
	Provident	t Hospita	al	Baltimore		
	1514 Div			D. STREET ADDRESS	(If rutol, give location)	
	Baltimore			1321 Madi	son Avenue	
- SEX 6	RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
16.7	NT	en .	DIVORCED (specify)	5-5-96	lost birthdoy)	Months Days Hours Min.
Male	Negro	Sing	LE	11. BIRTHPLACE (State a	69	12. CITIZEN OF
	rking life, even if retired)	IOS. KIND OF BC	ISTINESS OF INDUSTRI	II. BIKITITEACE (Sigle o	r rateign country)	WHAT COUNTRY?
Porter		Bud Cl	othing Co.	Maryland	Baltimore	USA
FATHER'S NAME			9	14. MOTHER'S MAIDEN	NAME	
John Pe	mell			Anna Cur	tiss	
	ver in U. S. Armed Ford	114	SOCIAL	17. INFORMANT	02.00	ADDRESS
es, na ar unknown) (lf yes, give war ar date	s of servicel	SECURITY NO.	INFORMANT		WDDKE22
Yes	World War	1 01:	1-03-7010	Elizabeth	Wilson-1321	Madison Ave.
18. 13-1.	0 1		CAUSE O			INTERVAL BETWEEN
DISEASE	OR CONDITION DIR	ECTLY				ONSET AND DEATH
	EADING TO DEATH		0	alensie Canles		
	not meon the mode of dying, e.g., DUE TO					
	sthenio, etc. It means icotion which coused					
	TECEDENT CAUSES		(B)	on 18 DO	coy bla.	12 ex
			DUE TO		4	W 0.00 00 00 00 00 00 00 00 00 00 00
	CONDITIONS, if		· · · · · · · · · · · · · · · · · · ·	me for	toris	
	e obove couse (A) sloting the (C)					
	11					
OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING				
TO THE DEA	TH BUT NOT RELA	TED TO THE				
19A. DATE OF C		DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNIFI TO THE DEA DISEASE OR C 19A. DATE OF C	WAS PERF	ORMED	a of Bladde	IN CERTIFYING CAUSES OF DEATH?		
21A. ACCIDENT	WAS UNDERLYING	21 B. PL				
OR CONTRIBUT	WAS UNDERLYING	hame,	farm, factory, street, a	ffice bldg., INJURY OCCU	R?	ony, give exact localian
U	nedical examiner	etc.)		A CONTRACTOR		
M OF BUILDING	Month) (Day) (Year)	(Haur) 21 E, IN	JURY OCCURRED	21F. HOW DIE	NJURY OCCUR?	
(APPROX.)	While At Work At W					
			At Work	7-13-65		0 11 65
22. I certify the	nat (I) (this hospitol) ottended the	deceased from		19to	9-11-65 19
that (I) (we) I	ast saw the decease	d olive an)— <u>—</u> ——————————————————————————————————	19or	nd that in (my) (aur) op	inion deoth occurred on the do
and hour and	fram the couses stat	ed obove. (I) (We) (did) (did not)	view the body ofter de	oth.	
23A. SIGNATUR	47					23 B. DATE SIGNED
	1/1m	1000	M.D. Atte	ending Med. S. Director	Staff Phys. X	9-11-65
226 BUYELELL	0		Phy		Phy s.	, 11 0)
23C. PHYSICIAN NAME (Typ	el			23 D. ADDRESS		
	Gulm Moon	nda	M.D.	1514 Divis	sion St.	
4A. BURIAL CREM	ATION, 24B. DATE		E ef CEMETERY of CR	-		City, town, or caunty) (State)
Burial	9/15/	65 Bal	timore Nat	tional Cem	Ral timore	Marland
	-, -,					Mayland
SEP 13		25B. NAME OF	3	25C. FUNERAL DIRE		ADDRESS
OFL 12	1965 Robert	o & stan	MENT D	Herbert	E, Nutter-3	035 W. North Av
/S 150-REV. 1/1/65	4		7 7	0 0 .	1	



IMPORTANT

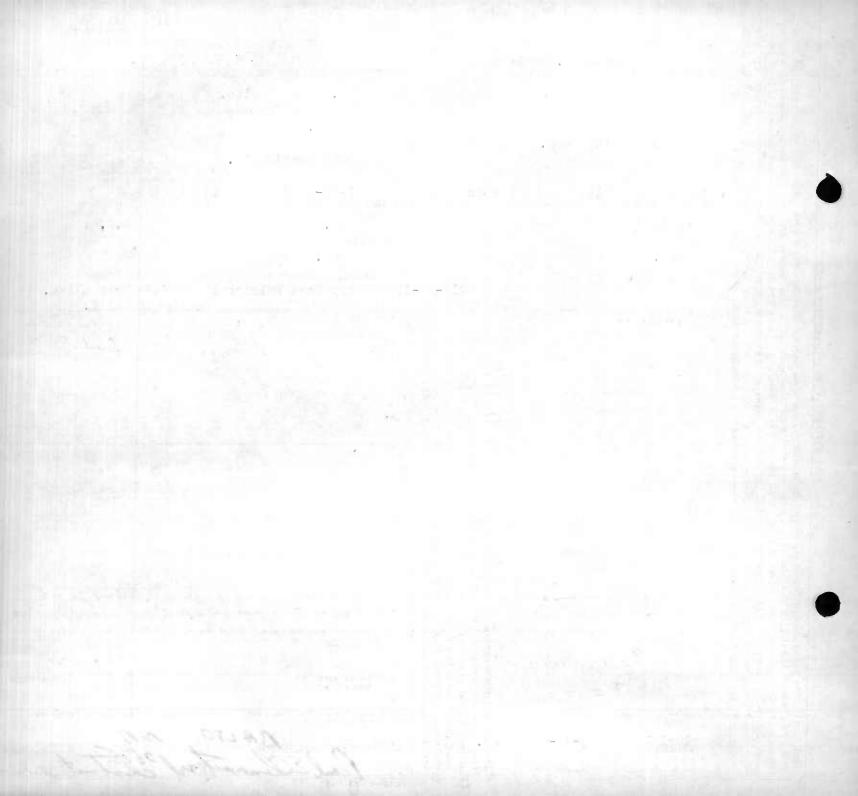
DIRECTOR:

FUNERAL

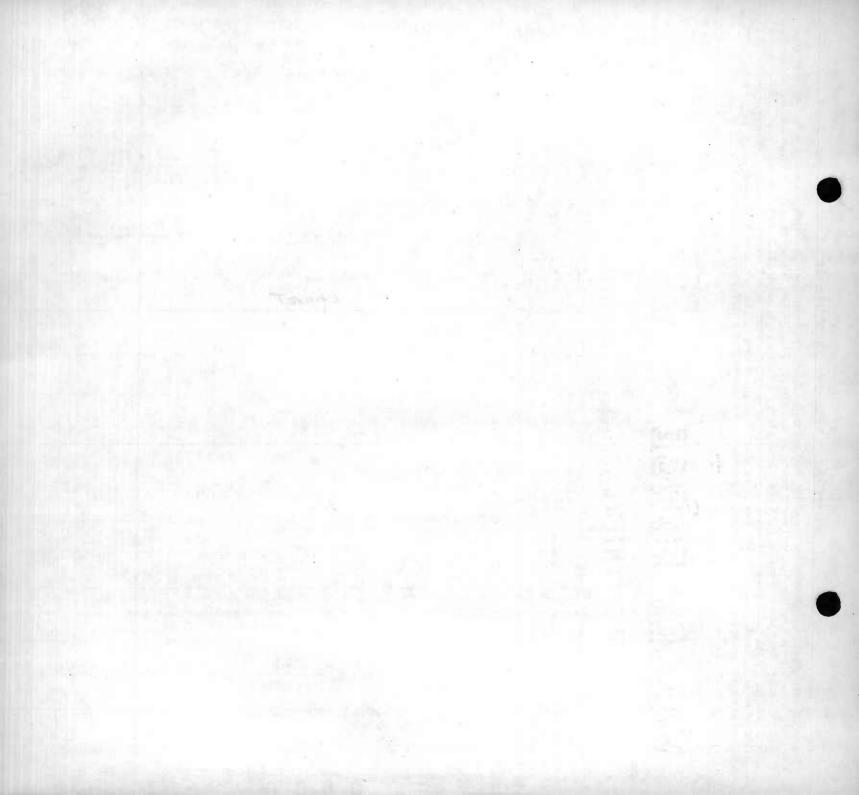
RESIDENCE (Where B. COUN Ba TOWN (If out Oo ADDRESS (If BIRTH	The deceosed lived. If in the litter of the	65 9365 1965 T institution; residence before odmi: 3-0 RURAL ond give township)				
RESIDENCE (Where B, COUN Ba TOWN (If out O. ADDRESS (If Keswick BIRTH 1898	re deceosed lived. If in the live lived li	1965 Tinstitution; residence before odmi:				
TOWN (If out O. ADDRESS (If Keswick BIRTH -1898	tito. Iside city limits, write rurol, give location) Rd. 9. AGE (In years	3-07				
TOWN (If out O. ADDRESS (If Keswick BIRTH -1898	tito. Iside city limits, write rurol, give location) Rd. 9. AGE (In years	3-07				
TOWN (If out O . ADDRESS (If Keswick BIRTH -1898	rurol, give location) Rd 9. AGE (In years	RURAL and give township)				
Newick Keswick BIRTH -1898	rurol, give locotion) Rd. 9. AGE (In years	RURAL and give township)				
Koswick BIRTH -1898	Rd.					
Keswick BIRTH -1898	Rd.					
#1898	9. AGE (In years					
#1898	9. AGE (In years					
-1898		1 1/ 11-1 1 M 1/ 11 1 0				
-1898 ACE (State or forei		Months Doys Hours N				
ACE (State or forei	67					
	gn country)	12. CITIZEN OF				
		U.S.A.				
		0.094.				
S MAIDEN NAM	WE					
•						
ANT		ADDRESS				
Rose Palm	igeno c	9324 Bryson Ave.				
TODO TAIM						
	DOUTUE	rate Calif.				
		ONSET AND DEAT				
7.	1 -	Luddy				
y Mor	N60515	Lucas				
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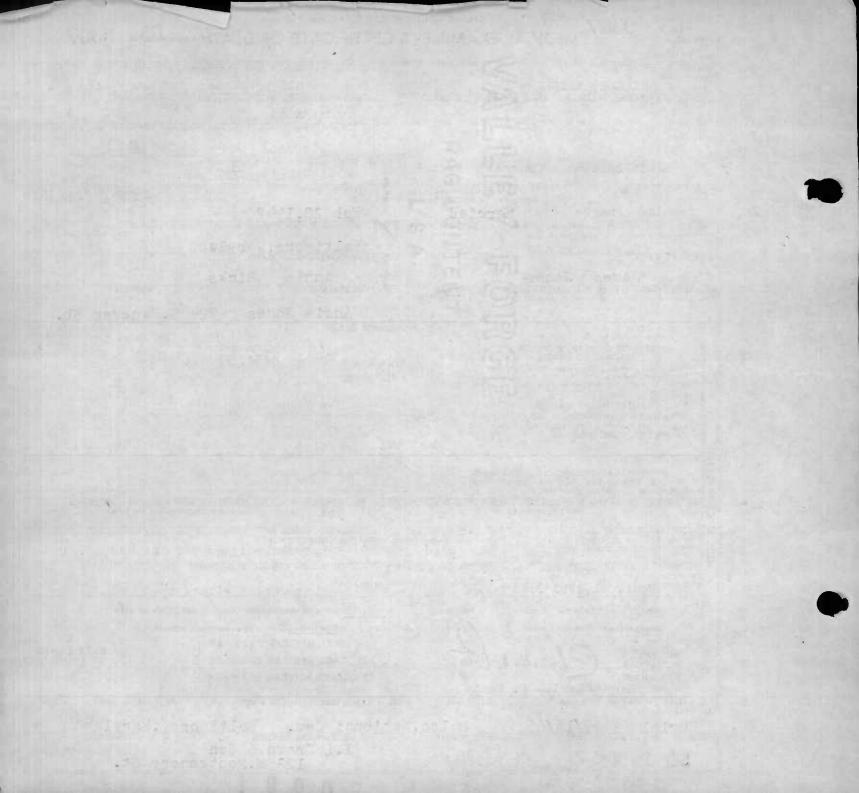
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
		3 ^m				
OPSY? (Yes or No.	208 IF YES WEDE	FINDINGS CONSIDERED				
	IN CERTIFYING CA					
URY OCCUR?	(If in Boltimore	re City, give exact location)				
21F. HOW DID INJURY OCCUR?						
21F. HOW DID INJURY OCCUR?						
_2 = .	10 6/9	0-12 :- 1				
22. I certify that (I) (shis haspital) attended the deceased from 11-25 19 49 to 9-12 19 64						
2.5 ond the	at in (my) (our) opi	inion death accurred on the				
ly ofter death.						
,		23B. DATE SIGNED				
Med.	Stoff					
Director	Phys.	9-13-65				
S						
	OCATION (C	ity, town, or county) (St				
	1,00	1.1				
	TUO.	MIJ,				
24D. LC	7	ADDKESS				
24D. LC	1	136/5				
S	24D. LC	SS				

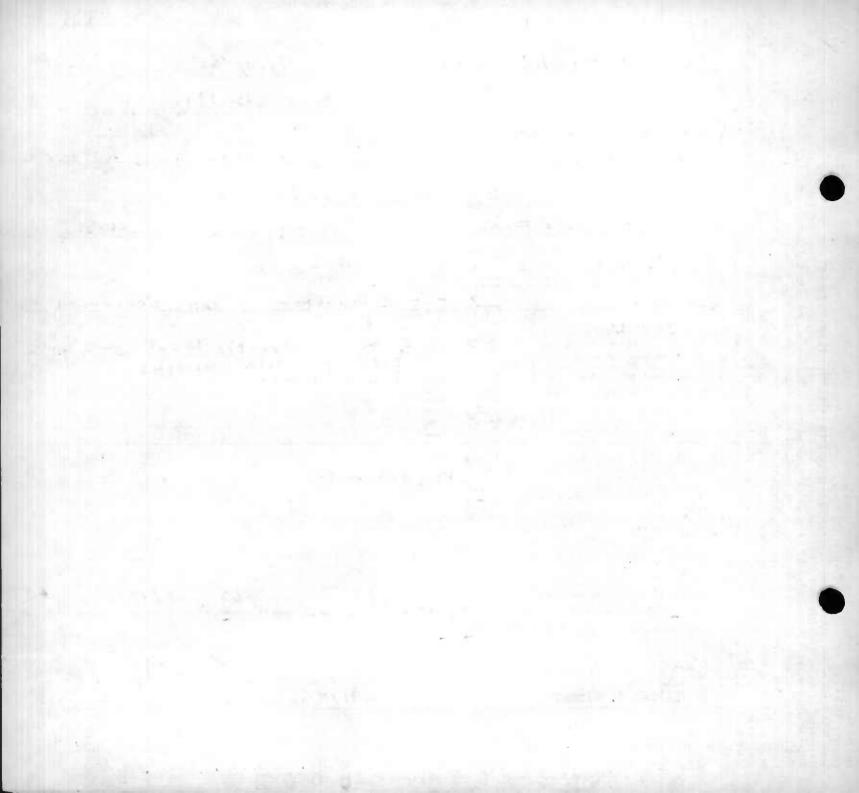


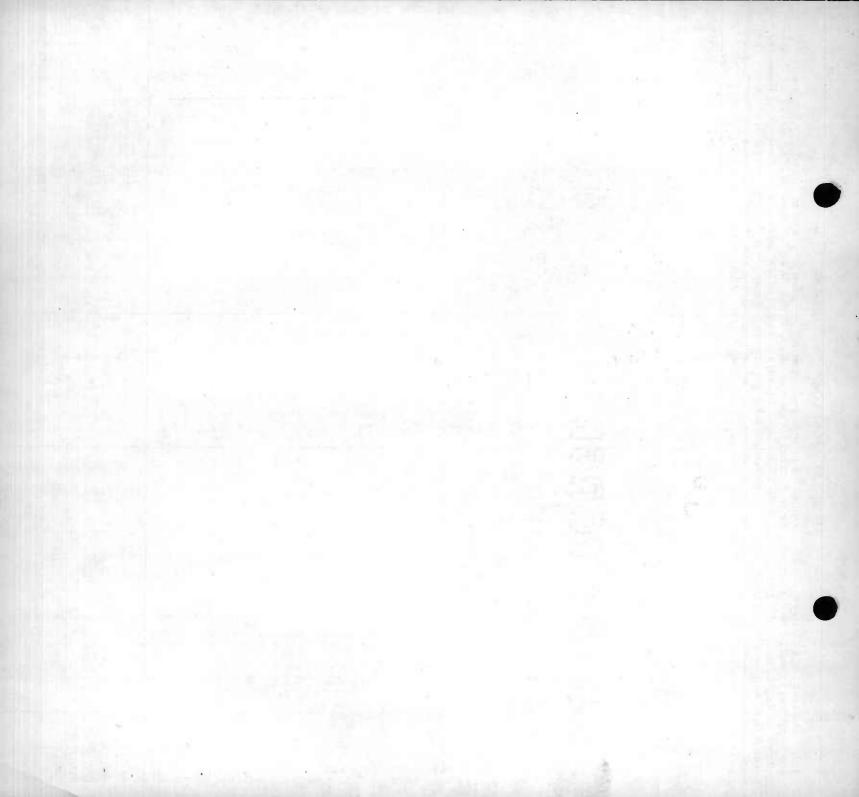
010	TH NO. CEDTIFICATE OF DEATH Registered No.	65 9366
M.	E CASE NO. 65 9366 CERTIFICATE OF DEATH	
	NAME OF DECEASED 2. DATE AND HOUR OF DEAT	1 00 m
3.	PLACE OF DEATH IN BALTMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before odr
	FULL NAME OF (If not in hospital or institution, give street	111
	HOCOLATAL OR ALL AND A	e RURAL ond give township)
1/	D. STREET ADDRESS (If turol, give locotion)	52-00
9	Latticiani tosp of retire general	00
5, :		If Under 1 Yr., If Under Months! Doys Hours!
	Malo WIDOWED, DIVORCED (specify) 10/14 / 11 lost birthdoys	Months Doys Hours
	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	W. Ya	
13.	FATHER'S NAME	
15	Charles Mc aTee Mande Starley	ADDRESS
(Ye	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS
_	NO Chart Chart CAUSE OF DEATH	(NIPPENAL APPLIA
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEA
	LEADING TO DEATH	TO MAN HOUSE
	(This does not meon the mode of dying, e.g., healt foilure, osthenia, etc. It meons the disease,	
	injuly of complication which caused death,)	
	ANTECEDENT CAUSES (B) DUE TO	নিনিনি এবং নিন্দা কৰিব কৰে। সংস্থাপত এই এই এই এই এই কৰাৰ পান্ধ আৰু আই ক্ৰিকিটাৰ কৰিব কৰিব কৰিব কৰিব
	DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stoting the (C)	
	UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERING CONTINUES OF THE STATE OF THE	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	O No	
A A	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	ore City, give exact location)
110		
MEDI	OF INJURY (APPROX.) While At Not While At Not Work At Work	
	22. 1 certify that (I) (this hospital) attended the deceased from	10
	that (1) (we) lost sow the deceased alive on	
	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.	pon deem occorred on t
	23A. SIGNATURE	23B. DATE SIGNED
		9/
	M.D. Attending Med. Director Phys.	1/12/11
	Phys. Director Phys.	1/12/65
		1/12/65
24/	23C. PHYSICIAN'S NAME (Type) M.D. A. BURIAL CREMATION, 1248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	City, town, or county)
24/	23C. PHYSICIAM'S NAME (Type) M.D. 23D. ADDRESS M.D.	City, town, or county)
	23C. PHYSICIAN'S NAME (Type) M.D. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (REMOVAL (Specify))	City, town, or county) ADDRESS



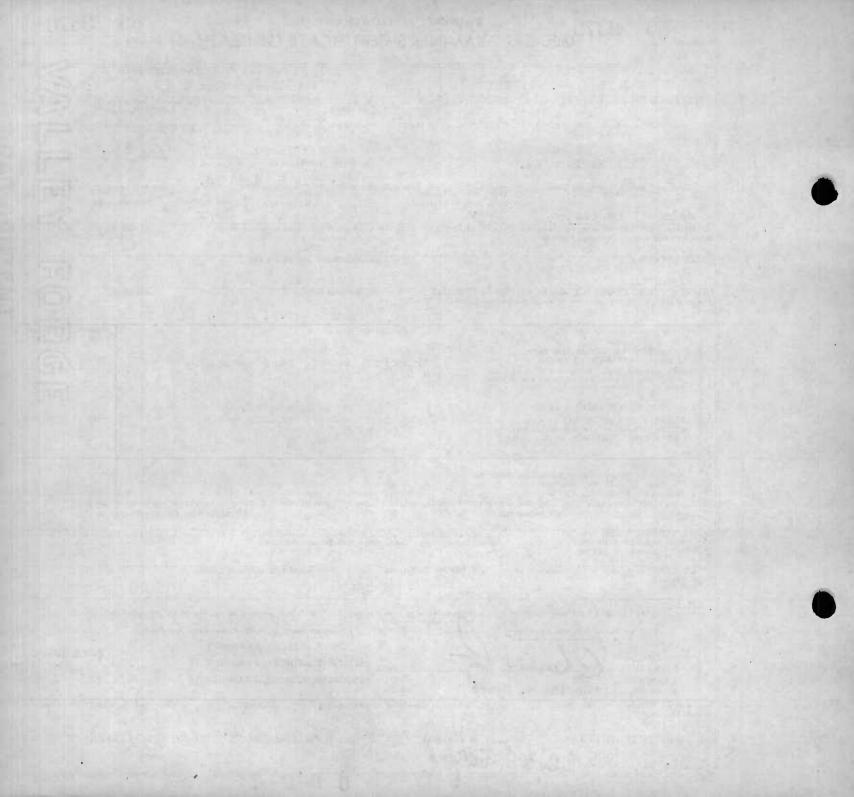
1	65 9367 BALTIMORE CITY HEA	LTH DEPARTMENT							
3 516	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9367								
T-34/2	M.E. CASE NO.								
0 14	1. NAME OF DECEASED (Type or Print) CYTEN THE DESCRIPTION	2. DATE AND HOUR PRONOUNCED DEAD							
	SHIRLEY BUTLER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11 Sepyember 1965 4:15 a. M. 4:USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)							
		A. STATE Maryland							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
	NA STATE OF THE ST	Baltimore 35-33							
4	South Baltimore General Hospital	D. STREET ADDRESS (If rurol, give locosion) 945 Bethune XXX. Rd.							
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.							
	female negro Married	Feb 20.1942 23							
	toA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTI	RY11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
		Baltimore, Maryland							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	James Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	Annie Ricks 17. INFORMANT ADDRESS							
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.								
	IB. CAUS	Annie Jones 724 S. Hanover St.							
	# 72 (A 1	ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ot wounds of head, chest, and							
	heart failure, astheria, etc. It means the disease,	odomen							
	injury or complication which caused death.)								
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
	Z (CI								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE								
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
	MAS PERFORMED	yes IN CERTIFYING CAUSES OF DEATH? Yes							
		, in ar about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?							
	UNDERLYING CAUSE OF DEATH. home, form, foctory, street, etc.) yard	between 941 and 943 Bethune Rd.							
	OF INJURY (Month) (Doy) (Yearl (Hour) 21E, INJURY OCCURRED								
	(APPROX.) Sept. 11,1965 3:45 m. WORK AT AT	while shot during altercation							
	22. I certify that I held an Inquiry Inspection At	utopsy 🕱 and that on this basis, death in my apinian							
	resulted fram: Natural causes Accident Suicide Hamlaide W Undetermined manner								
	CHIEF MEDICAL EXAMINER DATE SIGNED								
	SIGNATURE (Carles S City . M.	D. ASSISTANT MEDICAL EXAMINER X							
	EXAMINER'S NAME (Type) Charles S. Petty	ASSOCIATE MEDICAL EXAMINER 9/11/65							
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)							
THE PARTY OF THE P	REMOVAL (Specify)								
	Burial 9/15/65 Balto. Nat	cional Cem. Baltimore , Maryland Pac. Funeral Director Address							
	SEP 13 1965 Robert E. Farleyna	I.L Brown & Son							
	VS 151-REV. 1/1/65	123 W.Montgomery St.							
	13 151-161. 1/1/03 / 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	000881							

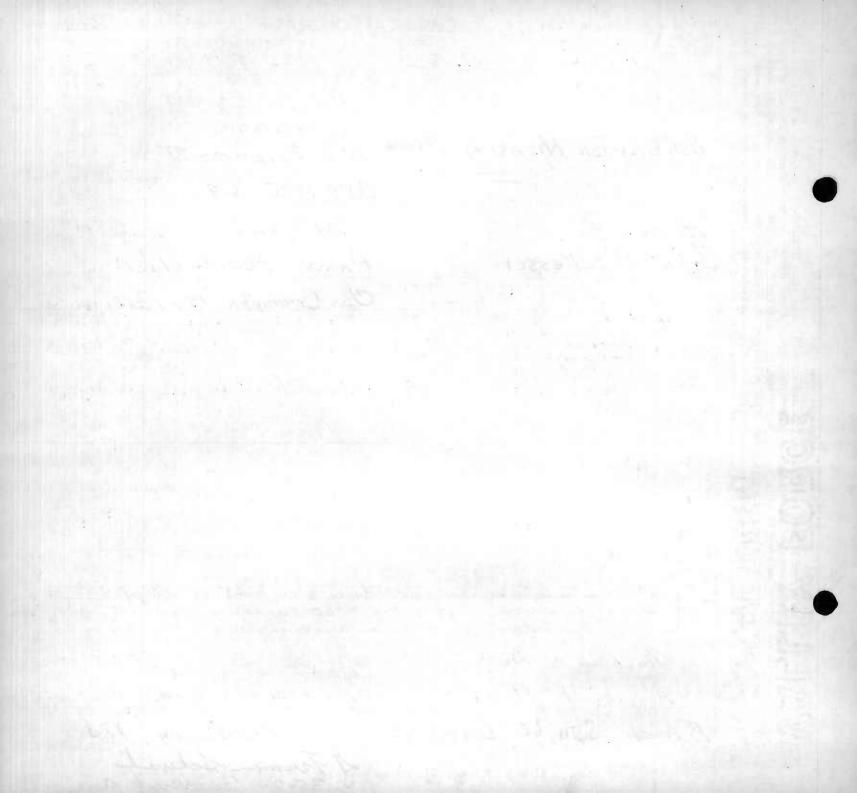


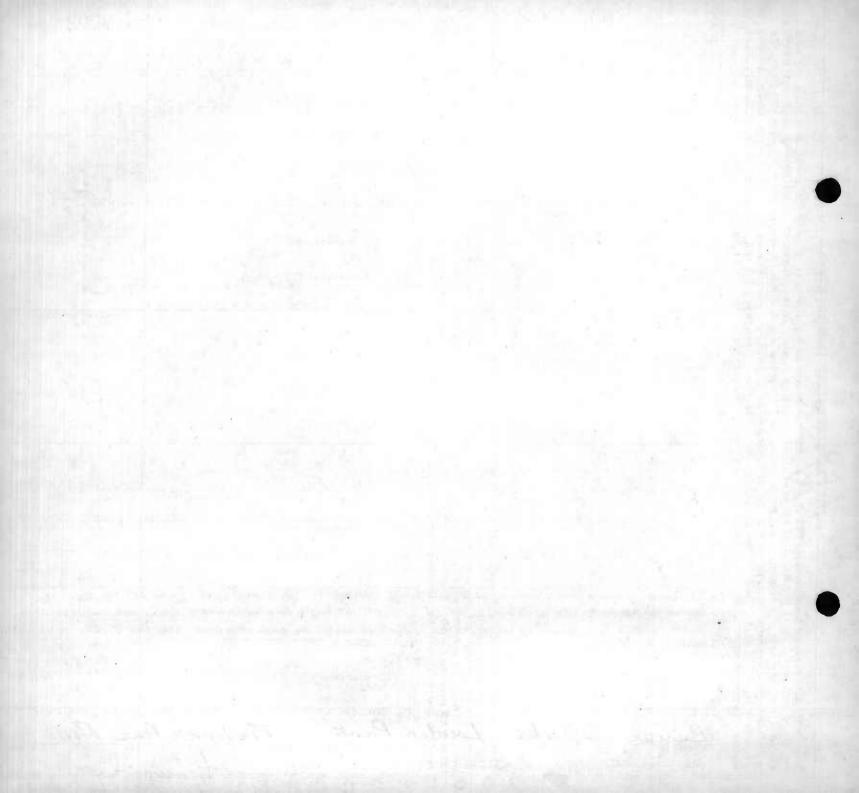




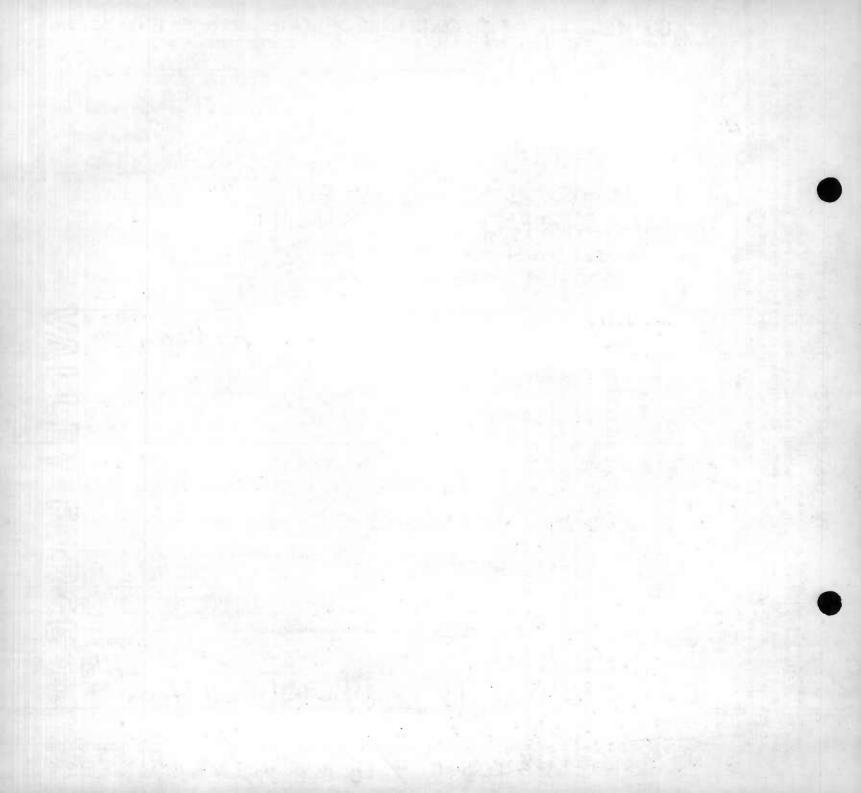
BIR	TH NO. 937UME	DICAL EX	CAMINER'S C	ERTIFICATE OF	DEATH Registe	red No.
M.	E CASE NO.					
1. (Ťy	NAME OF DECEASED pe or Print) JOSEPH J	• PENSKER			tember 1965	
3.	PLACE IN BALTIMORE MARYLAND	, WHERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	itution: residence before admission)
				Maryland	B. COU	INTY
HO IN:	LL NAME OF (IF NOT IN HO DSPITAL OR ADDRESS OR L STITUTION	SPITAL OR INSTITE	JTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporate limits, write	RURAL ond give township)
10	2026 31 - 5	1 1 1		Baltimore		06
1	2926 Harford	d Rd.		D. STREET ADDRESS (If rurol,		
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	2926 Hard	9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
	male Caucasia	WIDOWED,	DIVORCED (specify)	10/15/1883	last birthday	Months, Doys Hours, Min.
	LUSUAL OCCUPATION (Give kind of de during most of working life, even if retire		BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT, COUNTRY?
12	Plano Finisher			Jermany		USA
15.	FATHER'S NAME				E	
	Unknown			Unknown		
	WAS DECEASED EVER IN U.S. ARI s, no or unknown), (If yes, give wor or		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		213 09 8383	Joseph T. Pe	nsker 8210	Laurel Drive
	1B. //	The second	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTIV				ONSET AND DEATH
	LEADING TO DE	ATH	Arterio	sclerotic cardio	vascular di	sease
	(This does not mean the mode heart failure, asthenia, etc. It m	e of dying, e.g.,	DUE TO			
	heart failure, asthenia, etc. It m injury or camplication which cou	sed death.)				
	ANTECENDENT CA	USES				
	DISEASES OR CONDITIONS,		(B)		•••••	
	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA					
Z			(C)	***************************************		
E	li con					
S	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT					
ERTIFICATION	DISEASE OR CONDITION CAU		nc		***	
O		PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	
EDICAL	21A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Baltimare City, giv	ve exact location)
S	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home etc.)	, form, factory, street, o	office bldg., INJURY OCCUR?		
Z	21D TIME (Month) (Day)	(Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJ	IDV OCCUP?	
	OF INJURY				OKI OCCOK:	
	22.	m. V	VHILE AT NOT	ORK ORK		
	1 certify that I held an			opsy and that an th	is basis, death In m	ny apinion
	resulted fram: Natural	causes x	ocident Suicid	e Hamicide 1	Undetermined manne	er 🗌
	0/			CHIEF MEDICAL EX	CAMINER	
	ACTUAL ()	21. 16	15	ASSISTANT MEDICAL EX		DATE SIGNED
	SIGNATURE L	mus .	M.D.			0/11/65
	EXAMINER'S NAME (Type) Charle	es S. Pett	:y	ASSOCIATE MEDICAL E	XAMINER	9/11/65
	A. BURIAL CREMATION, 238. DAT		C. NAME of CEMETERY	CREMATORY 23D. L	OCATION (City,	town, or county) (State)
KE	MOVAL (Specify)	ELGE	11-1 0 1			
24	A. DATE REC'D BY HEALTH DEPT.	2/P NAA4E	OF PENSTRAP	energy B	altinore. A	W/ULLANDESS
241		240, NAME	OT REGISTRAK	240. FUNERAL DIRECTOR		ADDRESS
	SEP 13 1965 R	Just E. J	allow M.M	John I have	n 9nc 300	n c 2 %.
VS	151-REV. 1/1/65	1 9 /	4	ORBAA	4 VIICE JUS	o buttimore

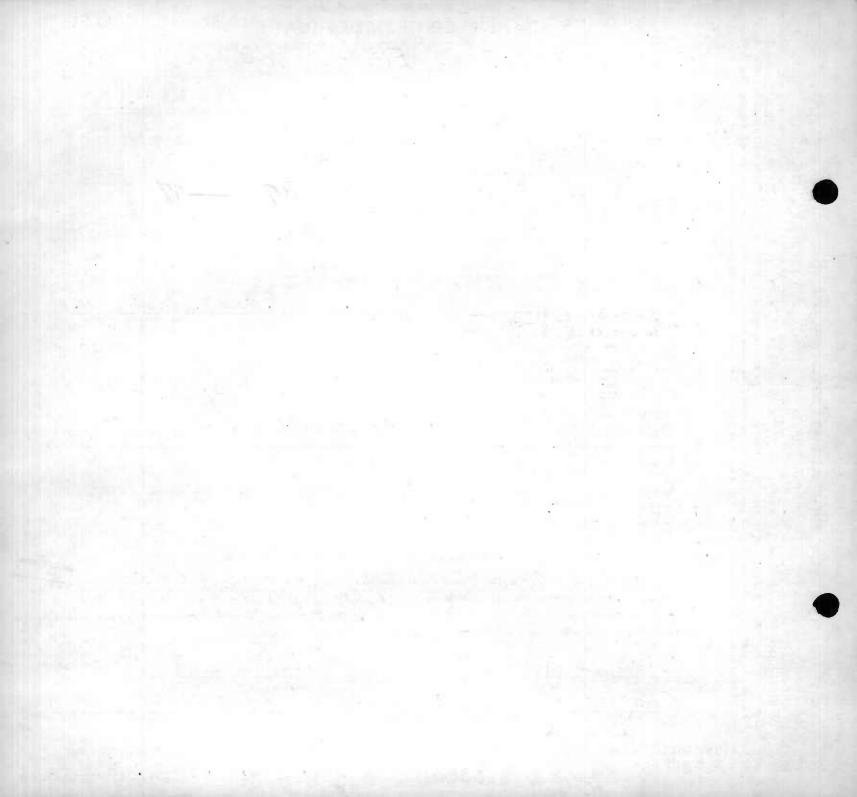




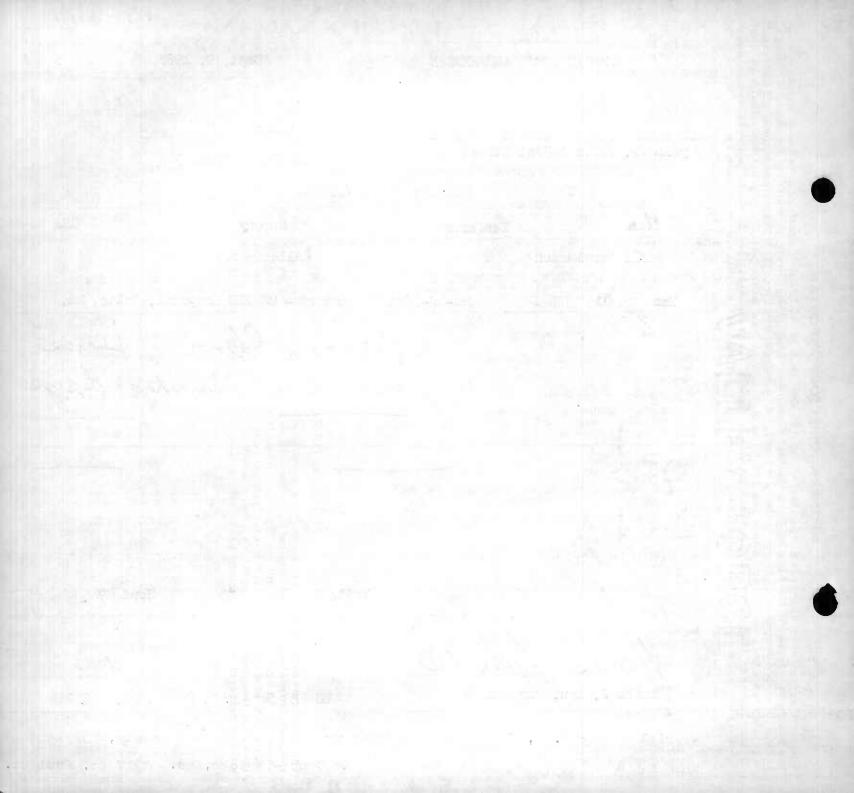


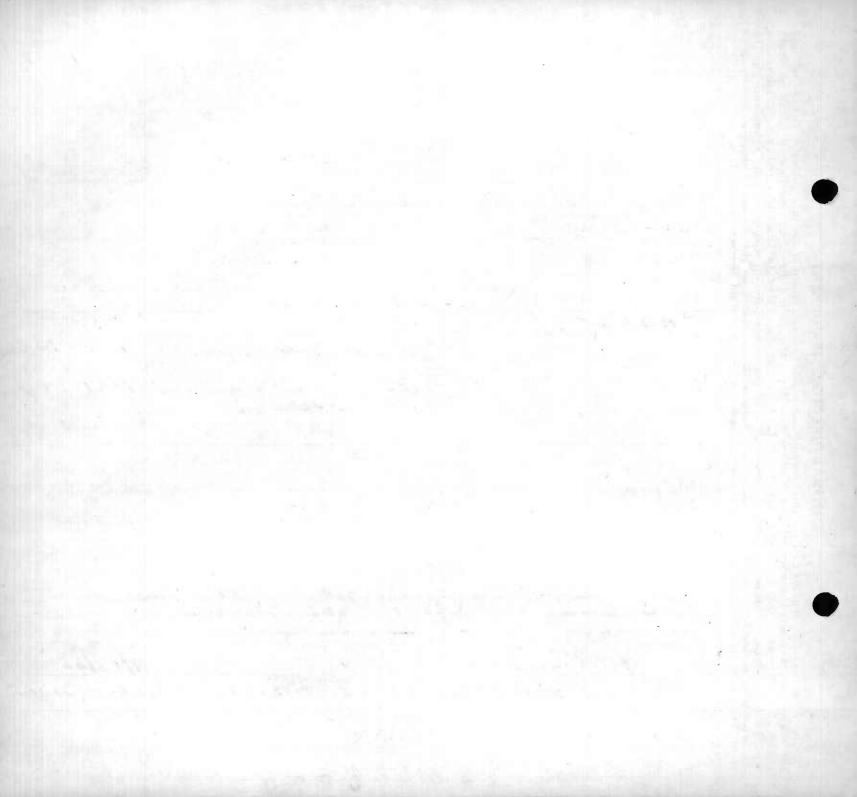
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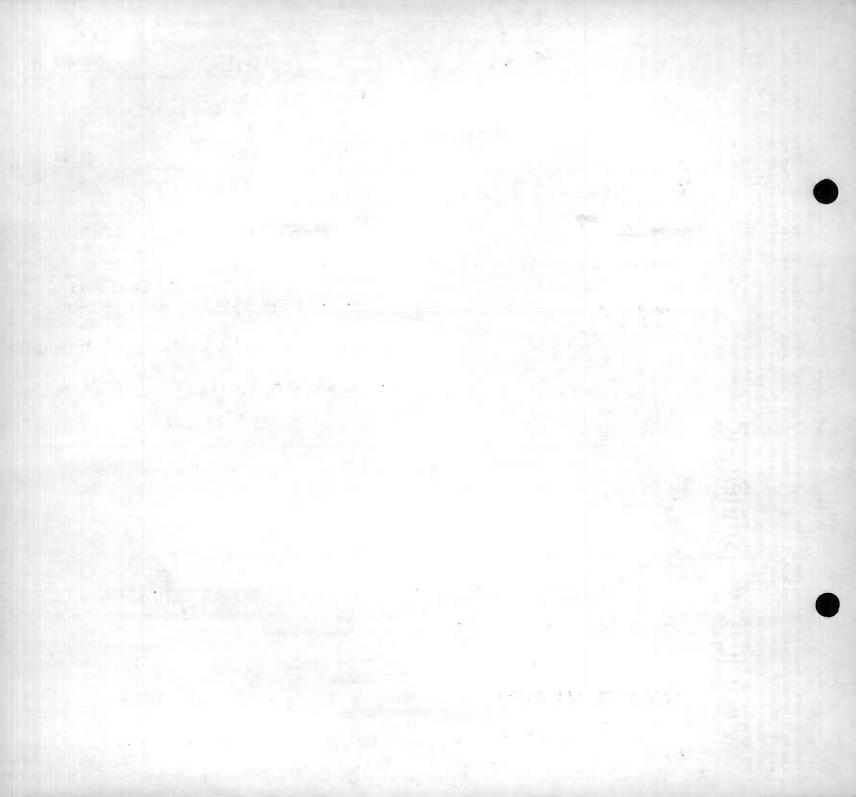


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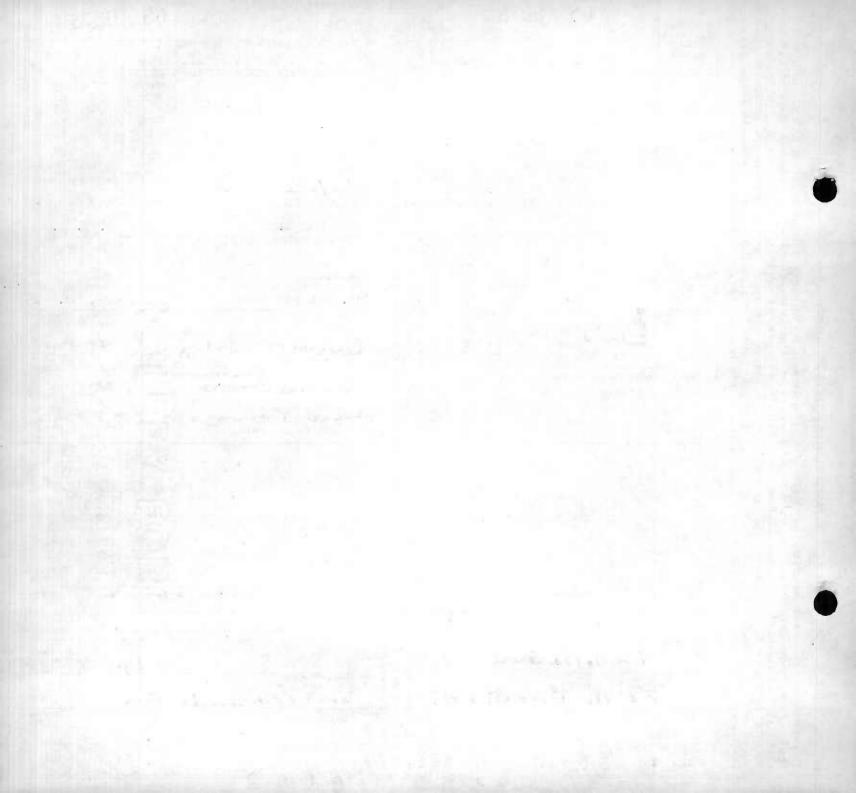




	65	Q2'7'7	Y HEALTH DEPARTMENT	De torrel Mayor	0.000			
M.E. CASE NO.		SMITHCERTIFICA	ATE OF DEATH	Registered No.	9377			
(Type or Print)	WIGOR OF BONNS	a red	0.1	11165	8'47 B			
	EATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (When	re deceosed lived. If instit	tution: residence before admissio			
FULL NAME	OF (If not in hospital	or institution, give street	BALTIMOLP, W	0 1				
HOSPITAL OF	R address or location	on)	C. CITY OR TOWN (If out	side city limits, write RUI	RAL and give township)			
4/ un	ion Welmoi	al Nospital	D. STREET ADDRESS (III	rurol, give location)	5-01			
/			760 W40 th		21211			
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years In No. 1) No. 1	If Under 1 Yr. If Under 24 H.			
4	Whate	MIDOX	31100	57				
	CUPATION (Give kind of wor of working life, even if retired)	k 108. KIND OF BUSINESS OR INDUSTR	-		12. CITIZEN OF WHAT COUNTRY?			
House			Baltimore,		1151			
13. FATHER'S NA			14. MOTHER'S MAIDEN NAM	ME				
	liam G len Ren		Margaret Smi		ADDRES			
(Yes, no or unknov	ed Ever in U. S. Armed Fo wn) (It yes, give wor or dot	es of service) 6. SOCIAL SECURITY NO.	17. INFORMANT	RD #2 R	idour Road			
110	_		Mr. C. Remnie Smith Annapolis, Maryland					
	ASE OR CONDITION DI		OF DEATH		ONSET AND DEATH			
DISE	LEADING TO DEATH	(4)	I lailerasan	efaction	4 hours			
	nat meen the made al	dying, e.g., DUE TO	upopolice l	V				
	omplication which caused	deoth.)	ennabielarthietis 10 years					
DISC. 455	ANTECEDENT CAUSES	DUE TO	1	- ^				
rise to t	OR CONDITIONS, if the abave cause (A)	REPYLORIC ULC	ER RSP.					
UNDERLYIN	NG CONDITION last,							
E TO THE	NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING	CONTRIBUTING ATED TO THE	Dulaer.					
	OF OPERATION 198. COM	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF (y medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(It in Boltimore C	ity, give exact location)			
OF INJURY	(Month) (Doy) (Year)		21F. HOW DID INJ	URY OCCUR?				
(APPROX)	M/Lilla A A man Alla M/Lilla man							
	22. I certify that (1) (this hospital) attended the deceased from 9/4/65 19 to 9/11/65 19							
	that (1) (we) last saw the deceased alive on 911165 19 and that in(my) (out) apinion death accurred on the da							
	and hour and from the causes stated above. (1) We did (did not) view the body after death.							
23A. SIGNAT		uas Beone M.D. A.	Hending Med.	Stoff 23	DILLI 6.5			
23C. PHYSIC		MON DEOUTO W.D. AL	ys. Director	Phy s.	4/11/00			
NAME	(Tyne)	BOONE M.D	44	Moniginal	Horno la O			
24A. BURIAL CR	REMATION, 24B. DATE	24C. NAME of CEMETERY of C	nacara	CATION (City,	town, or county) (Stote)			
REMOVAL	(Specify)		N 10 1					
Burla 25A. DATE REC'	D BY HEALTH DEPT.	1965 New Cathedral C	eme tary Ba	ltimore, Mary	ADDRESS			
SEP 13	3 1965 Release	TE tarbum 1	1 10/10 1012 is	4	Beolto, nyl.			
VS 150-REV. 1/1	1/65		y my y	mer a man	i www ma			



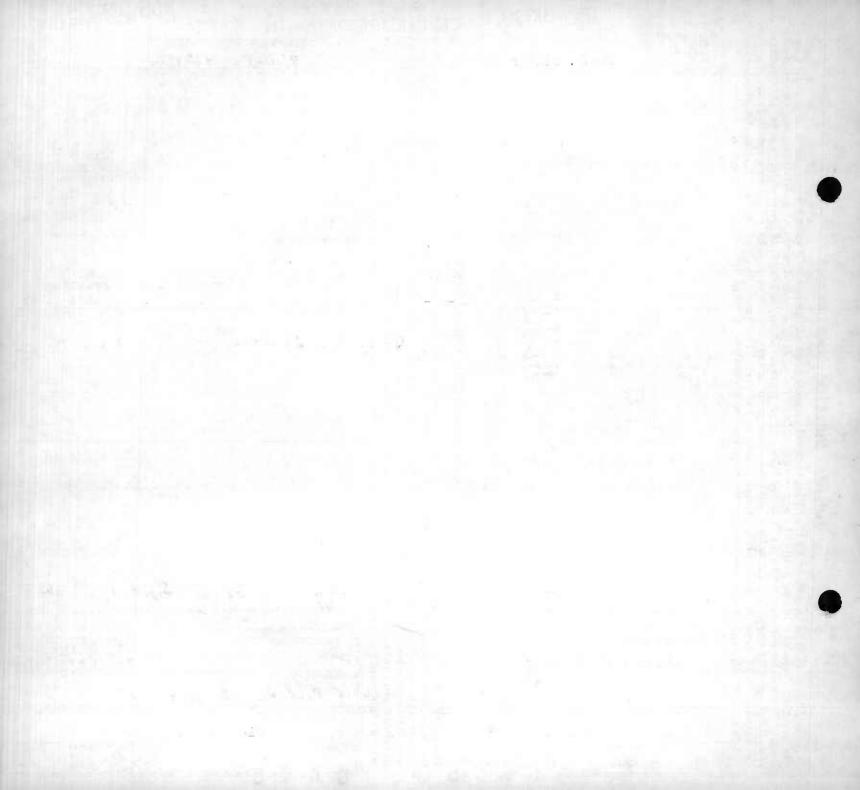
BALTIMORE CITY HEALTH DEPARTMENT

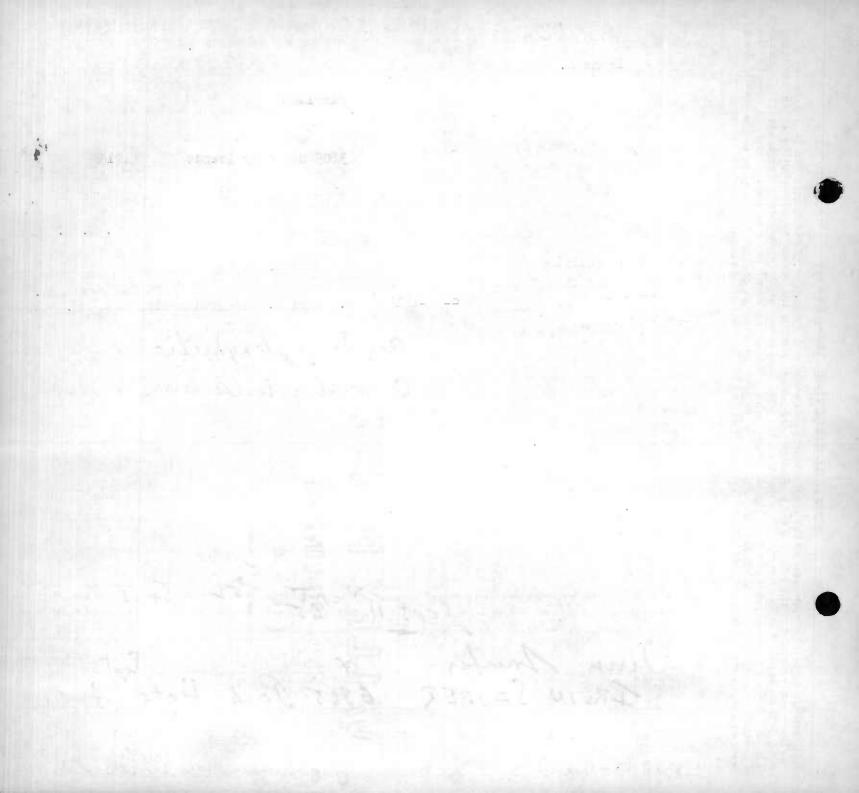


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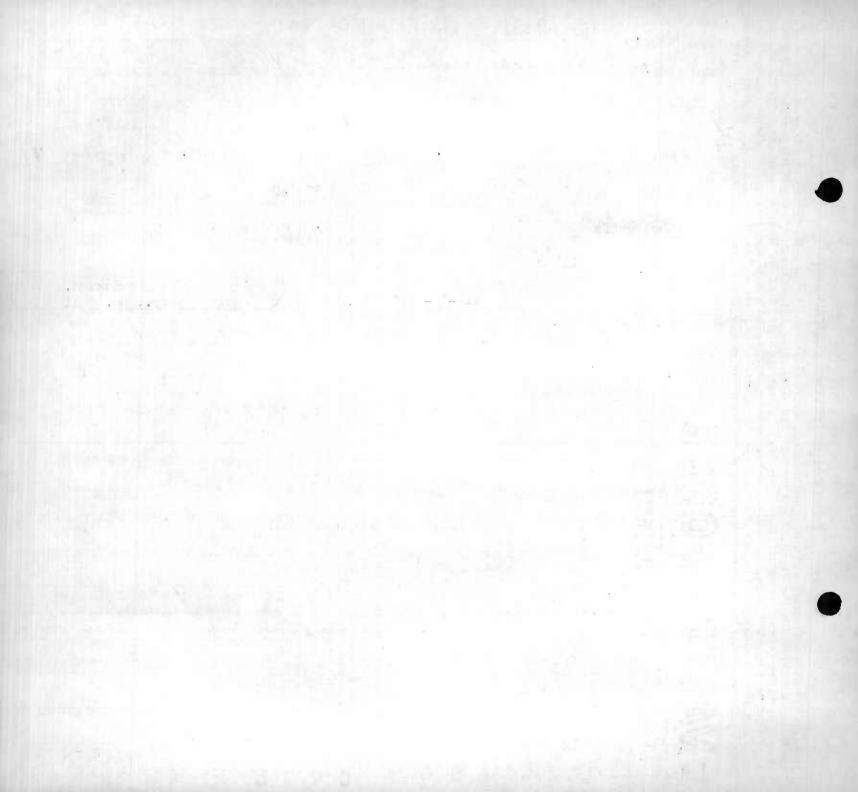
BALTIMORE CITY HEALTH DEPARTMENT

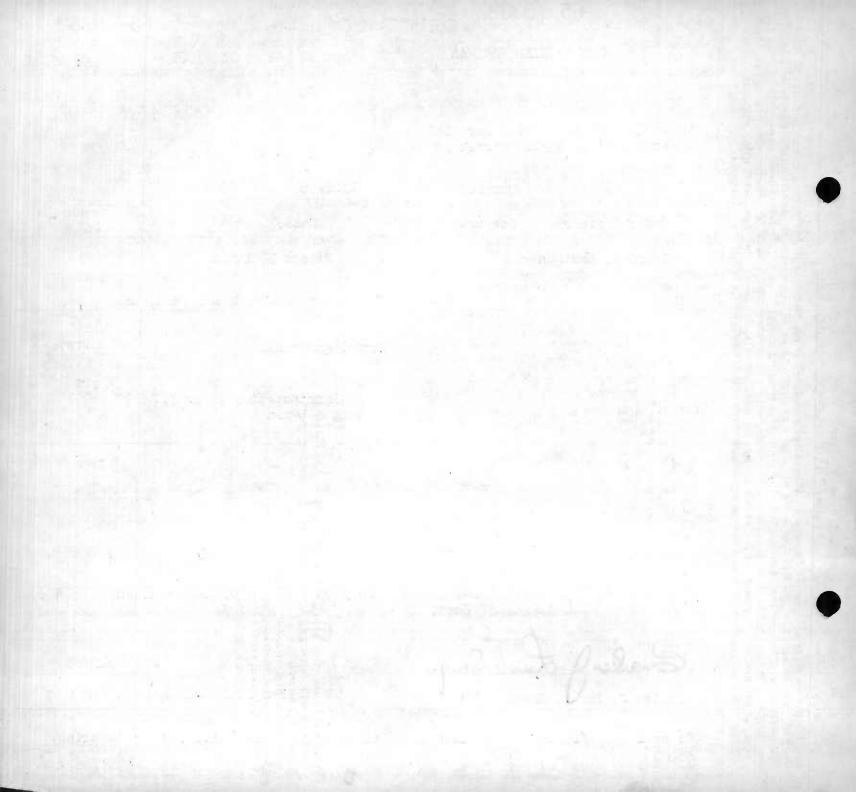


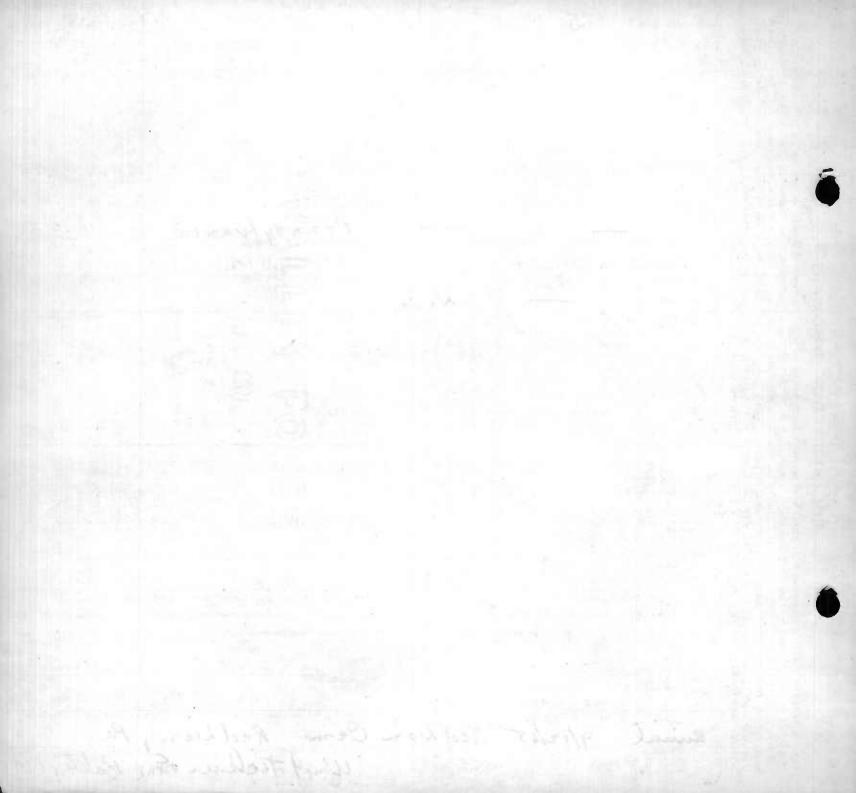


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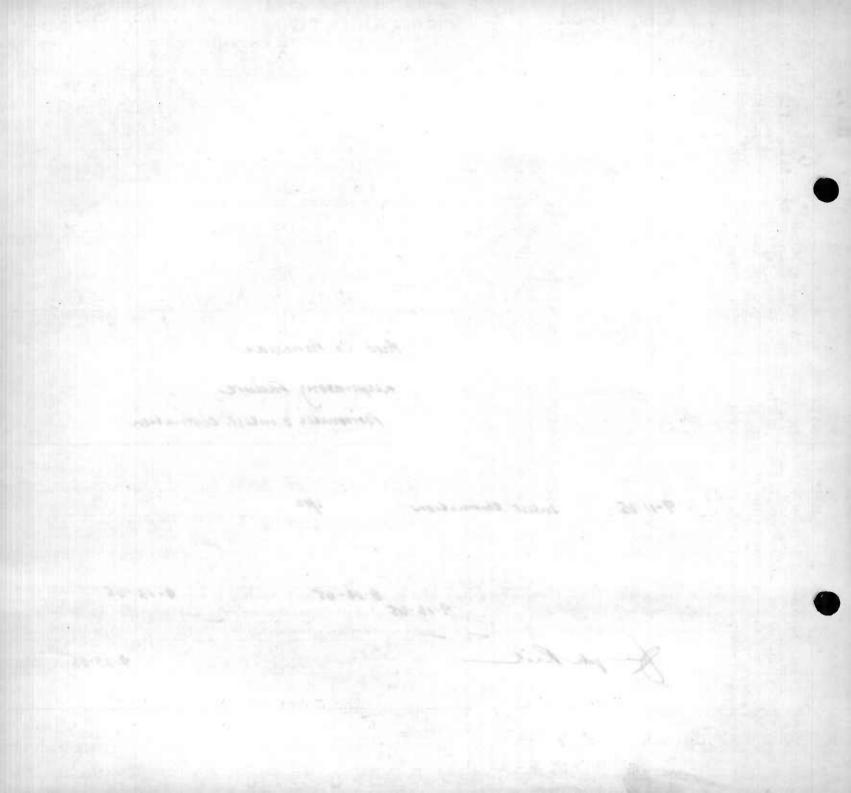
FUNERAL DIRECTOR:







0004	BALTIMORE CITY	HEALTH DEPARTMENT	0	E 020A
BIRTH NO. 65 2084	CERTIFICA	TE OF DEATH	Registered Na. 6	3 9384
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		2. DATE AN	AOUR OF DEATH	1215 a
3. PLACE OF DEATH IN BALTIMORE MARYLAND	uades	4. USUAL RESIDENCE (WHE	e deceased lived. If institu	utian; residence befare admission)
FULL NAME OF (If nat in hospital or institution, give	street	A. STATE MAKEST	and.	8-15
HOSPITAL OR oddress or lacotion)	1/ aut	C. CITY OF TOWN THE OUT	side city limits, write RUR.	AL and give township)
2 Shua Hapkins,	Hospital		rural, give logation)	18
		1223-7	1. Rege	ester I
Mile Colped 7. MARRIED, NEW WIDOWED, DI	VER MARRIED (Specify)	E-5-D4	9. AGE (In years If last binhday)	Under 1 Yr. If Under 24 Hrs. anths Days Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	1. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
LAborer Bettel	Lam SleeL	South (AroLine	N.S. A.
13. FATHER'S NAME	tall	4. MOTHER'S MAIDEN NAM	ME Star	elen
15. Was Decedsed Ever in U. S. Armed Forces? (Yes, no ayunknawn) (If yes, give war ar dates of service)		* INFORMANT	10 li	ADDRESS .
// A	SECURITY NO.	Wothship	RANdALL	VSAME "
18. /3 2X I	CAUSE OF	DEATH	770.000	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Project	La Rangue	/	West Park
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO			
ANTECEDENT CAUSES	(B) Res	puratory faile	we	***************************************
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise In the above cause (A) stoling the UNDERLYING CONDITION last.	(C)	monues E inc	est. Obstruction	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	100			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218. PLA	CE OF INJURY (e.g., in	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltimare Ci	ty, give exact location)
DEATH (notify medical examiner)	om, lociory, sheet, on	Le olag., INJURI OCCUR:	-	
GE INJURY	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	BATAFILE
(APPROX.) While A	Not While			
22. I certify that (I) (this hospital) attended the d		-14-65	19 ta 9-1	3-65 19
that (I) (we) lost saw the deceased alive an	9-13-65	19and the	at in(my) (our) apinia	n death accurred an the date
and have and from the causes stated above. (1) (W	e) (did) (did nat) vi	ew the body after death.		
23A. SIGNATURE	M.D. Atten	ding Med.	Stoff -	9-13-65
23C. PHYSICIAN'S	Phy s.	Director Director	Phys.	7-13-02
NAME (Type)	M.D.			
Joseph Rich 24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY or CREA	The Johns Ho	pkins Hospi	tal
REMOVAL (Specify)	A I M.	1.1210N £	MiadLE	WINEW'Z'G"
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 14 1965 (O. A. E. Fall	MAD O	- C. O. 11	Jalour 1000	Brunily And.



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Did. Balk Will Pake CHERCE MONE & HOVE THE 614 t. Pouce dr. heot. Herein Carran East, Layers Early fayers. cape a tong district " " the all 24 - Control 24 - · Wind Teadure 10 15 00 0 0 T A CHOINE HOME HAD HOOMED

VS 151-REV. 1/1/65

Burial

-566

KEV. 1/1/05

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9/13/65 Loudon Park

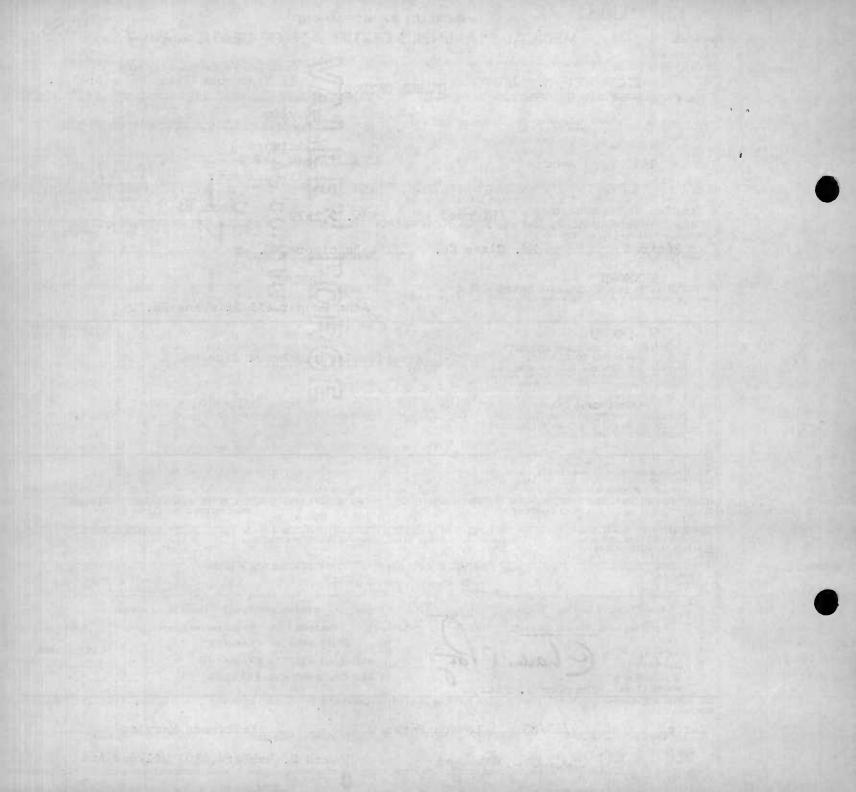
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24C, FUNERAL DIRECTOR

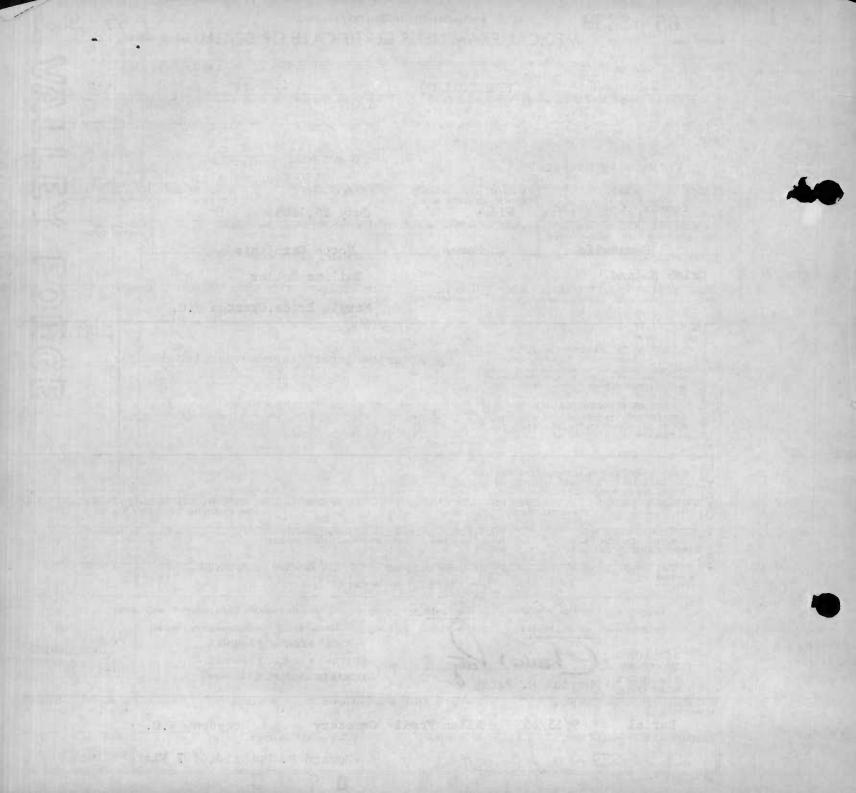
Howard H. Hubbard, 4107 Wilkens Ave

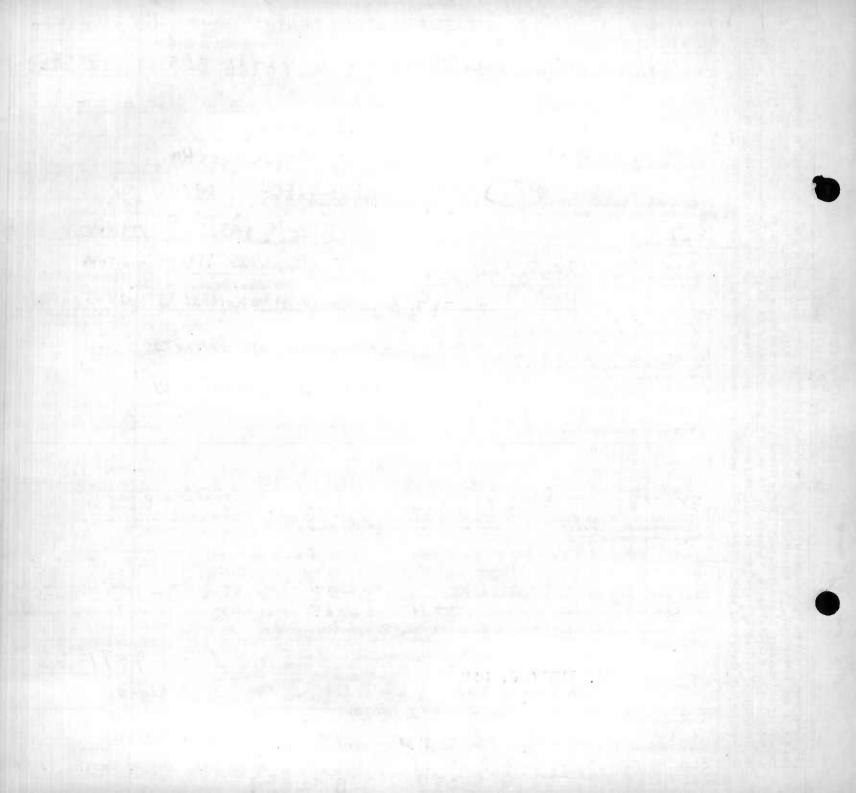
ADDRESS

Baltimore Maryland









BIRTH NO. 65 9391		E OF DEATH	Registered No.	65 9391		
M.E. CASE NO. 1. NAME OF DECEASED (Type W Print) BO TTERILL Sr.		SEP	TEMBER 11	.1965 1:00A N		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institu	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission A. STATE B. COUNTY MARYLAND					
HOSPITAL OR oddress or tocotion) ST. AGNES!	HOSPITAL	C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE 30 D. STREET ADDRESS (If rutol, give location) 1810 WILMINGTON AVE				
BALTO. 29,						
MALE WHITE WID	DOWER (specily)	6-15-86	9. AGE (In years lost birthday) 79	If Under 1 Yr. If Under 24 His Manths Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if refired) RETIRED Carpenter World 13. FATHERS NAME THOMAS O. BOTTERILI	Contractors	MARYLAN		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		MOTHER'S MAIDEN NAM	ECKEL			
THOMAS O. BOTTERILI			DECEMBER (D	EC'D)		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dotes all sen	16. SOCIAL SECURITY NO. 212-16-0033 A	HOSPITAL RE	CORDS	ADDRESS		
LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, grise to the above cause (A) stating UNDERLYING CONDITION last,	iving	ficencia. Castre aux		zon · awsep.)		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimate City, give exact lacatio home, latin, lactory, street, office bldg., INJURY OCCUR?					
21D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work					
22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased olive and hour and from the causes stated abo	on SEP1. 11			TEMBER 11 19 65 inlon death accurred on the do		
Shalei L hae	ed a M.D. Attend		Stall Phys.	23 B. DATE SIGNED 9///65		
23C. PHYSICIAN'S NAME (Type) STRAHIL	VACEV. M.D.	St. Agnes Ho	spital			
24A, BURIAL CREMATION, 24B, DATE REMOVAL (Specily) Burial 9/14/1965	St. Louis Cemeter		Clarksvil	ity, tawn, ar county) (State)		
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NA	ME OF REGISTRAR	Easton File		ADDRESS		

THE LITTLE Carpenter worked for TITY OF BOTTOM PURCHES !!

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LATER WILLIAM

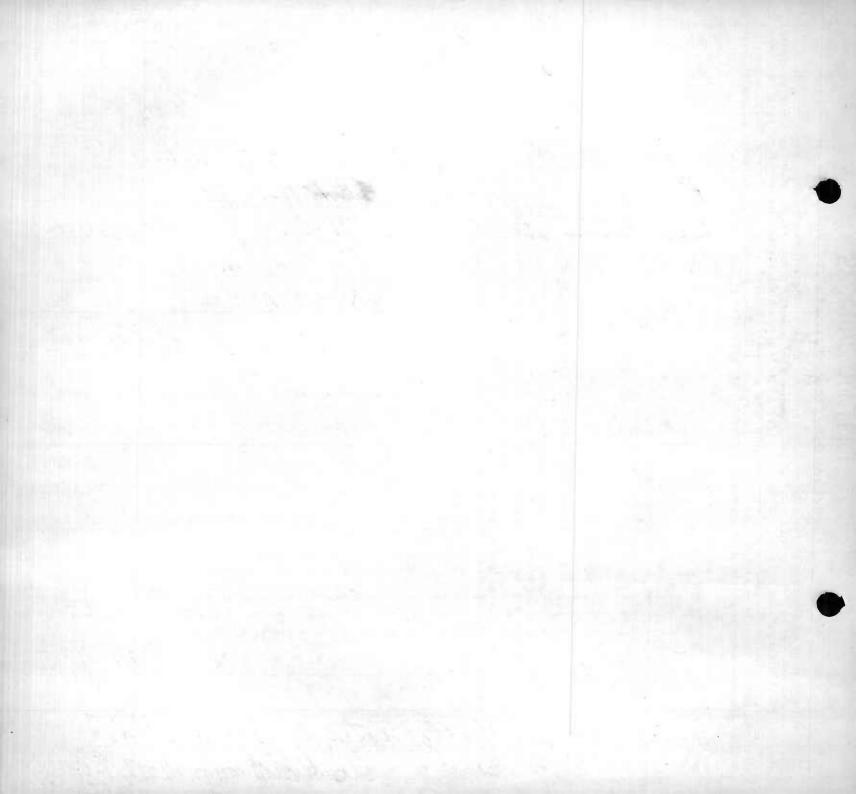
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. St. . M. C. ramor w.

HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT	CE AGGG
CERTIFICATE OF DEATH	Registered No. 65 9393
2. DATE AND	HOUR OF DEATH
Jessie 9/12	165 10:40A
4. USUAL RESIDENCE (Whore/	docoased lived. If institution: residence before admission
ution, give street 1706 Mg C	ullo 6 5+ 14-00
C. CITY OR TOWN All outside	de city limits, write RURAL and give township)
BALTIM	ore 191d.
Hospilal 1706 MS	ol, give location)
	AGE (In years If Under 1 Yı., If Undoi 24 H
DOWED, DIVORCED (specify)	AGE (In years If Under 1 Yr. If Under 24 Hours Min.
	country) 12. CITIZEN OF
-1-D. O. 71 B	WHAT COUNTRY?
any farkar 14. MOTHER'S MAIDEN NAME	10,5,17.
aid Unitha	WArren
116 SOCIAL 17 INCOPALANT	ADDRESS
SECURITY NO.	1000 60
X19-32-0893XX000 A	Jeer J. H.
CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Mobintate aker	uge b of Amounts
	eleasy all
(B)	ABOO 0 0 0 AAAAAA
) the (C)	
O THE	
FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21B, PLACE OF INJURY (o.g., in or obout 21C. WHERE DID	(If in Boltimore City, give axact location)
hama, faim, factory, streat, office bldg., INJURY OCCUR?	
21E INJURY OCCURRED 21E HOW DID INJUR	A OCCUR.
While At Not While	
6/12 / 1 =	63 to 9,6
e an	in (my) (our) opinion death occurred on the
ove. (1) (We) (did) (did not) view the bady ofter deoth.	
C A US AND SOLVER	23B. DATE SIGNED
Culled Phys. Director Ph	off 9/12/65
23D. ADDRESS	
M.D.	STREET,
24C. NAME of CEMETERY OF CREMATORY 24D. LOC	CATION (City, town, or county) (State
Butte national 12	Ith Wed
AME OF REGISTRAR 25C. FUNERAX DIRECTOR	ADDRESS
Fadrust C . Al Ly of lot of.	101 1-170/2016 Callah
TANING WILLIAM	colling in the control
T TIE	ARRIED, NEVER MARRIED DOWN OF BUSINESS OR INDUSTRY 14. MOTHER'S MAIDEN NAME 15. SOCIAL STECHT OF BLATH 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH (A) DUE TO 18. DUE TO 19. DUE TO 20. AUTOPSY? (Yos or No) 218. PLACE OF INJURY (o.g., in or abodi 21 C. WHERE DID homo, form, loctory, sheet, office bidg, INJURY OCCUR? 216. HOW Mile At Work 17. INFORMANT 218. PLACE OF INJURY (o.g., in or abodi 21 C. WHERE DID homo, form, loctory, sheet, office bidg, INJURY OCCUR? 218. PLACE OF INJURY (o.g., in or abodi 21 C. WHERE DID homo, form, loctory, sheet, office bidg, INJURY OCCUR? 216. HOW DID INJURY OCCURRED While At Not While and At Work At Work At Work Attending Med. Phys. 23D. ADDRESS M.D. Attending Med. Phys. 24C. NAME of CEMETERY or CREMATORY 24D. LOCK Attending Med. Phys. 24C. NAME of CEMETERY or CREMATORY 24D. LOCK 24C. NAME of CEMETERY or CREMATORY



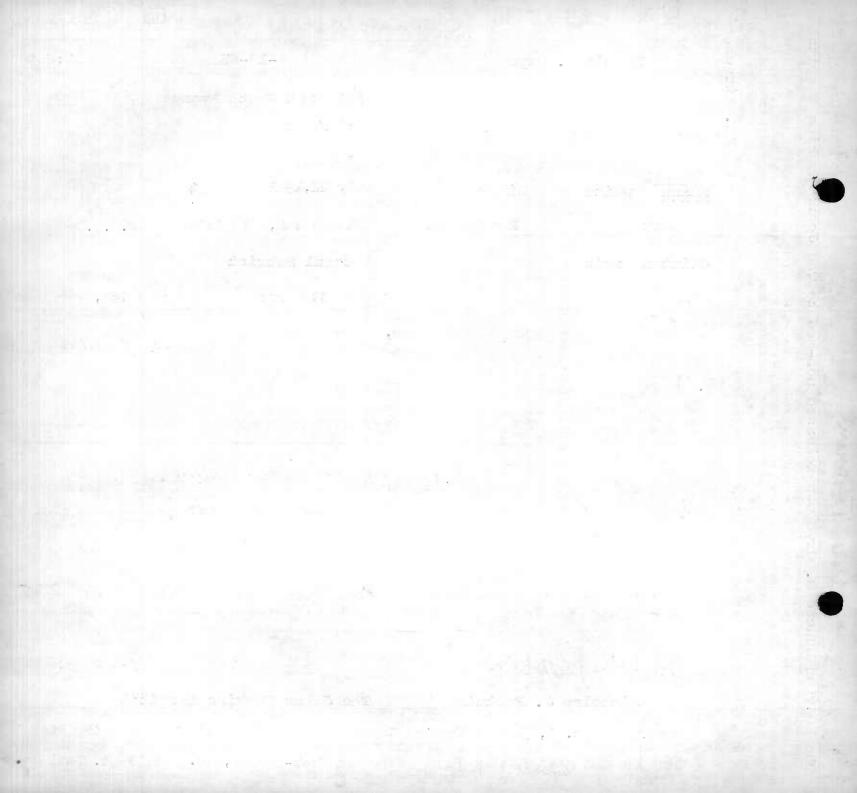
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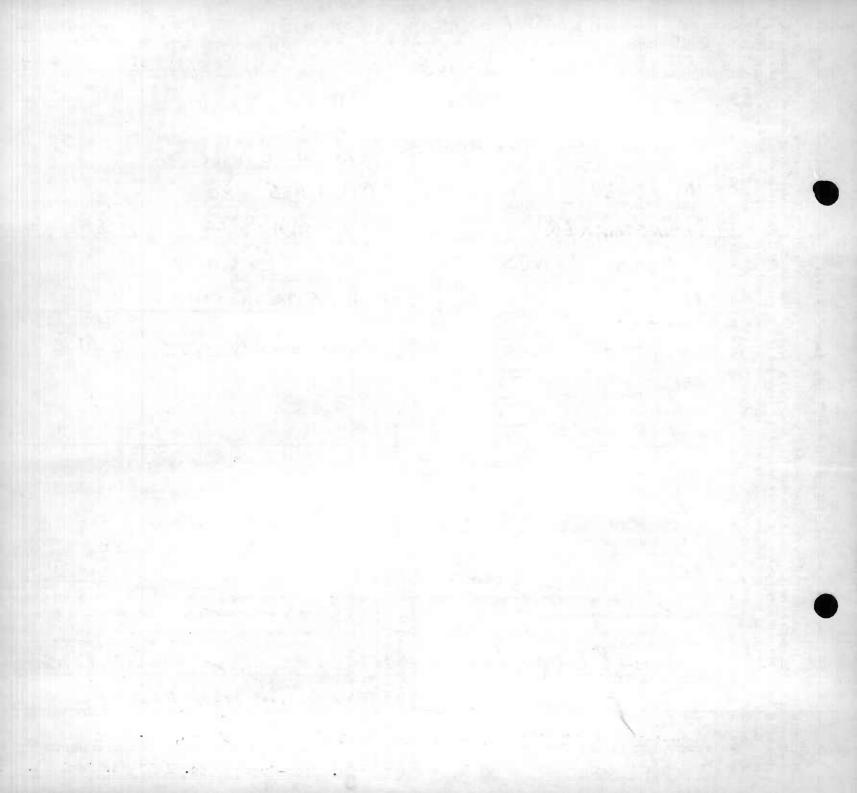
IMPORTANT

FUNERAL DIRECTOR:

Bearing 9-14-15 Date of King Control Lines view of the State of St

	2		U-600 65	939	S BALTIMORE CI	I HEALTH DEFAI	KIMENI	D IN	65 93	396	
	HOLDOL	111	TH NO.	000	CERTIFIC	ATE OF DI	EATH	Registered Na.	<u> </u>	100	
1	an an ase the the	1.1	E CASE NO.				2. DATE AND HOUR OF DEATH				
12	Euncie D. Orye				9-10-65			1	12:05pm.		
0	S. De of the the	n 3.	PLACE OF DEATH IN BALTIMORE	4. USUAL RESID	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before a						
7	OF OS De SP	#	FULL NAME OF (If not in ho	antent on the state			17				
1	H C S C P P		HOSPITAL OR oddress or follows	spitol or institut ocotion)	ion, give street		317 East North Avenue C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
0	ns ca					Baltim	nore				
1	China Bankara	7	The Johns Hopkins Hospital			D. STREET ADD	D. STREET ADDRESS (II rurol, give location)				
9	O p L d		tillian viin.			Maryland					
	curribu rribu nine gula	5.	Female white		RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II lost birthdoy) Mo			II Under 1 Yr. Months: Doys	Under 1 Yr. If Under 24 Hrs.	
	S Handler of the state of the s	i	white			July 22	1001	C 4.			
	C 0 0 - 0	10/	White Usual Occupation (Give kind of during most of working life, even if re	of work 10B. KIN	D OF BUSINESS OR INDUST	TY 11. BIRTHPLACE	(Stote or lore	ign country)	12. CITIZEN O	F UNTRY?	
	de rais	dor	Clerk		y Cleaners	Shenand	doah,	Virginia	U.S.		
	Te John He death He death was in the death	13.	FATHER'S NAME			14. MOTHER'S A					
	0 ≈ 9 € ≥ ± °	11.	Clinton Davis			Coral	Coral Secrist				
000	Z = = = = = = = = = = = = = = = = = = =	15.	Was Deceased Ever in U. S. Armi	ed Forces?	1 6. SOCIAL	17. INFORMANT			ADD	RESS	
10	ista ista ista kinc dea ce ce ce	(Ye	s, no or unknown) (II yes, give wor o	or dotes of servi	SECURITY NO.	Clemett		D,		Maryland	
4	5 - C - C - C - C - C - C - C - C - C -		No				orye	D1		-	
4	Og o = Cop o		18. 422 11		CAUSE	OF DEATH TYLA CEREE	an an	nd	ONSE	VAL BETWEEN T AND DEATH	
55	Price so, price so and price so		DISEASE OR CONDITION		5.	NO NOW	51011	HEMORRIA	215 4 h	buns	
45	Also of the moon o		(This does not mean the mod		e.g., DUE TO	5 HICH CIT!	0010	I CIVO CULP	102 1110)Ct/t 4	
1	ar drugger		heart failure, asthenia, etc. It n								
10 3	D E		ANTECEDENT CA		(B) #	SCVD					
Ola	P P P P P P P P P P P P P P P P P P P		DISEASES OR CONDITIONS,		DUE TO						
	BSS		rise to the obove couse	(A) stoting							
3	S		UNDERLYING CONDITION 105	st.							
3	ical ical ical ical ical ical ical	z		CONTRINI	TIME						
1	Pho de de la	ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	RELATED TO		ZATION	Pas	umonia			
3	S. T. S.	Ŭ V	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED						SIDERED		
10	Zy ihi	RT	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						1?		
2	9 6 6 6 P	2	21 A. ACCIDENT WAS UNDERLY	ING 🗌	21B. PLACE OF INJURY (e.g.	, in or obout 21 C. W	HERE DID		re City, give exoc	t location)	
3.	the plant of percent o	AL	DEATH (notily medical examiner)		etc.)	onice bidg., INSORE	OCCOK:				
3	Qd g Z Z Z	5	21 D. TIME (Month) (Doy)	(Year) (Hout)	21E. INJURY OCCURRED	21 F. H.C	OW DID INJ	IURY OCCUR?			
3	nosp (6)	ME	OF INJURY		While At Work Not W	hile					
	e D. the h iny no excel and		22. I certify that (1) (this hos				10	1965 to 1	12 '0 + Om 5	1:10 10 65	
	9 d + E 9 b 9				0.0	10 6	-				
9	5 = 6 + a C 3		that (I) (we) last saw the de					not In (my) (aur) ap	inion death act	urred on the date	
1	bed ed pit		and have and from the cause:	s stated abav	re. (I) (We) (dld) (did-no t	view the bady a	ifter death.		23B, DATE SIG	NED	
3	de de sas	1	AA. SIGNATURE	1.1.	M.D.	ttending N	Med.	Stoff 5	0 .		
	AE SOL SE		Michelas .	Trum	N P	hys. D	Director	Stoff Phys.	7.10	3.61	
17	00 + 00		23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS					
C	Y DO SA JEG		Nicholas			The Joi		pkins Hos			
<	SOF ACORD	24	A. BURIAL CREMATION, 248, DA		C. NAME of CEMETERY OF				City, town, or cour	nty) (Stote)	
-	S S S S S S S S S S S S S S S S S S S			11,65	Methodist C	emetery		Shenandoah	V:	irginia	
(The bring certhe bod shows: was D. decease	25	A. DATE REC'D BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNERA				DDRESS	
	出されるメウメ	1	SEP 14 1965	Coloub &	tailey"			oks, Inc.	1217 St	. Paul St.	
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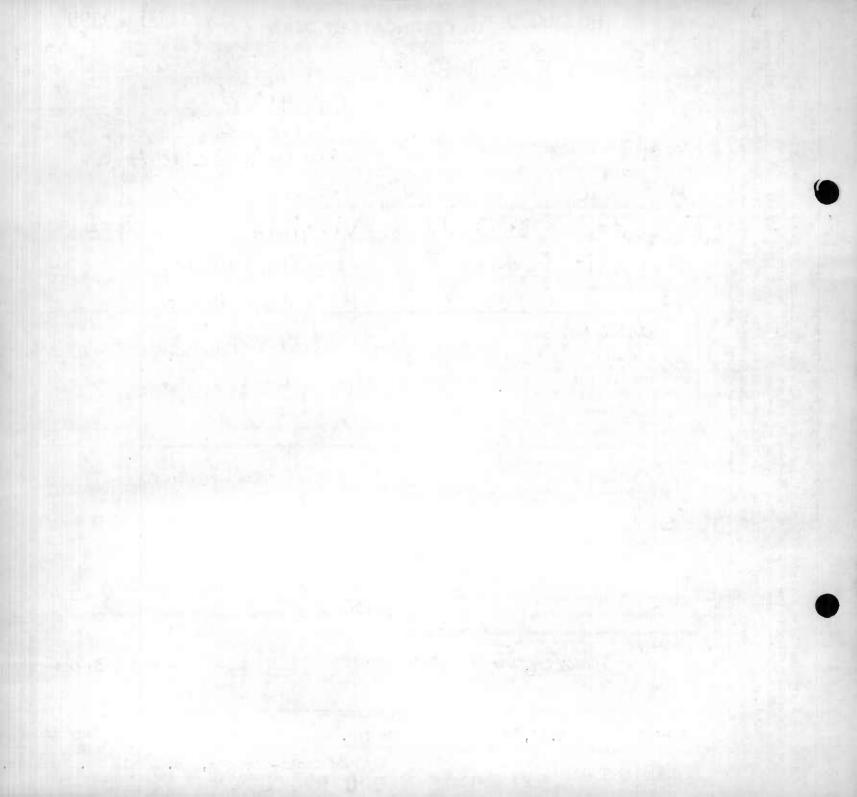


CE 0398

BIRTH NO.	WEDI	CAL EX	CAMINER'S CI	ERTIFICAT	E OF	DEATH Registe	pred N55 9398
M.E. CASE NO.	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
(Type or Print)	HUGH KILMURRY					September 19	<i></i>
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDI	ENCE (Where	deceased lived. If inst	165 /:55 p. hitution: residence before odmissio JNTY
		TERE - ROTTO		A. STATE Mars	yland	B. COL	INTY
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET		,	e corporote limits, write	RURAL and give township)
St. Josephs Hospital				Baltimore 9-08			
						7	
5. SEX			NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If lost birthday)			Months, Doys, Hours, Min.
Male	Caucasian		Married	8/22/189	1.	69	
	UPATION (Give kind of work	TOR KIND OF	BUSINESS OR INDUSTRY			gn country)	12. CITIZEN OF
done during most of	working life, even if retired)	(3) TY					WHAT COUNTRY?
Retired			Maryland USA 14. MOTHER'S MAIDEN NAME			USA	
Hugh K	ilmurry ED EVER IN U.S. ARMED	EORCES?	16. SO CIAL	Catherine Mulroe			
Yes, no or unknown	n) (If yes, give wor or dote:	s of service)	SECURITY NO.	17. INFORMANT			ADDRESS
No	No		215-16-7000	Martin)	Kulmur	ry, Cockeys	sville. Md
1B. //	331			OF DEATH		0,	INTERVAL BETWEEN
DISEASES RISE TO THUNDERLYI OTHER SIG TO THE DISEASE C 19A. DATE OF 19A. DATE OF 21A. EXTERNA 21D TIME OF INJURY	not mean the mode of so, osthenio, etc. It means omplication which coused of an example of the coused of an example of the coused of the couse of the coused	S NY, GIVING ATING THE CONTRIBUTIN ATED TO TILE. CONTRIBUTION FOR A TORNAL CONTRIBUTION FOR A T	WHICH OPERATION PLACE OF INJURY (e.g., i , form, foctory, street, o	20A. AUTOPSY? DO n or obout 21C. W ffice bidg., NJURY	HERE DID OCCUR?	20B, IF YES, WERE FII IN CERTIFYING CAU! (If in Boltimore City, gi	SES OF DEATH?
(APPROX.)		m. V	VHILE AT NOT NOT NOT W	ORK			
22.	rtify that I held an Ir	ngulry 🗌	Inspection Aut	apsy and	that an th	is basis, death in m	ny apinian
	Ited fram: Natural cau		ocident Sulcide				
1630	Hami Harorar Cac	A A	Jordin - Jordine			Undetermined manne	u
ACTUA	L 0/	. (/	/_		DICAL EX		DATE SIGNED
SIGNAT		us 3. 1	Ally . M. D.	ASSISTANT ME			
EXAMIN NAME (S. Pett	y C	ASSOCIATE MI	EDICAL E	XAMINER	9/11/65
23A, BURIAL CRE	MATION, 238 DATE	230	C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City,	, town, or county) (Stote)
			VA Tomonto Com		m		Manual and
Burial 24A. DATE REC'D	BY HEALTH DEPT.		St Joseph Cen	24C. FUNERA	L DIRECTOR	xas, Baltin	more, Maryland
SEP 1	4 1965 12.0	1 E. Fa	Devend	Wm Co	ok-Bro	oks Inc, Ba	altimore, Md
VS 151-REV. 1/1/	/65	4		000	2 0		

ospital and of death s) Deceased nce on the eath. Such	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odd
5 8 5 B B	FULL NAME OF HOSPITAL OR oddress or locotion) INSTITUTION (If not in hospital or institution, give street oddress or locotion) C. CITY OR TOWN (If outside city limits, write RURAD and give township)
E 3+14	Maryland General Hospital D. STREET ADDRESS (II TUROL GIVE location) GRINNALOS
occurred in intributing irmined ca egular at ased prior	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) W 1 0 0 3 80 9. AGE (In years last birthday) W 3 AGE (In years last birthday) W 4 Month's Days Hours
or condete	10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if refired) B+O Railyvaa Vivaj Nig 12. CITIZEN OF WHAT COUNTRY? USA
# + + + + + + + + + + + + + + + + + + +	Francis Evans Bertha Wiley
ssistant f the di y kind; y d death ance on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS To aprilate Chart
l examiner or his examiner. Also, is (3) A fracture of an in who pronounce in regular attend or s are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.
chief medicaly a medical Body burns; the physician was retheremain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CHARGE TO THE CHARGE CONDITIONS CONTRIBUTING CO
ospital ospital ature; (pt wher (6) No	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg., INJURY OCCUR? DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) AND While At Work At Work
st be approved used to the hosent of any nation is spital (except death); and (6	22. I certify that (N (this hospital) attended the deceased fram 9.7 1963 ta 9.13 19 that (1) (we) last saw the deceased alive an 9.13 1965 and that in(my) (authoritinal death accurred an tank and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
ccided ccided to d al m	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 9.13.65 23C. PHYSICIAN'S NAME (Type)
ly was r (1) An a O.A. at ed prior	NAME (Type) M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) AMD 24C. NAME of CEMETERY or CREMATORY (City, town, or county) (
This cert the body shows: (was D.O decease	Burial Sept. 15,65 Loudon Park Cem. Baltimore Marylan

BALTIMORE CITY HEALTH DEPARTMENT



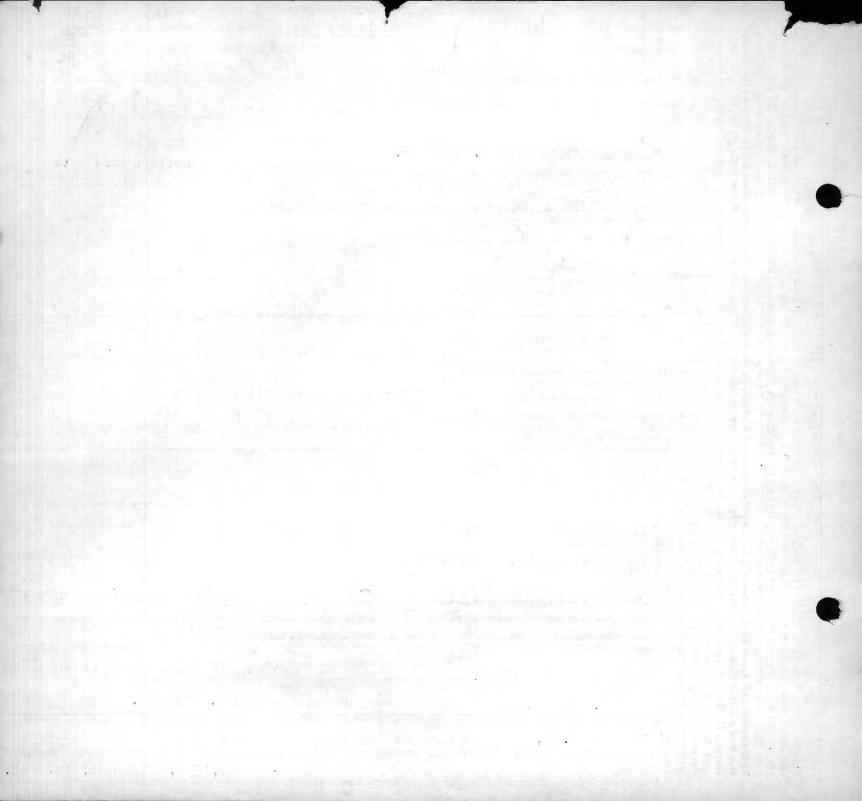
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DIRECTOR:

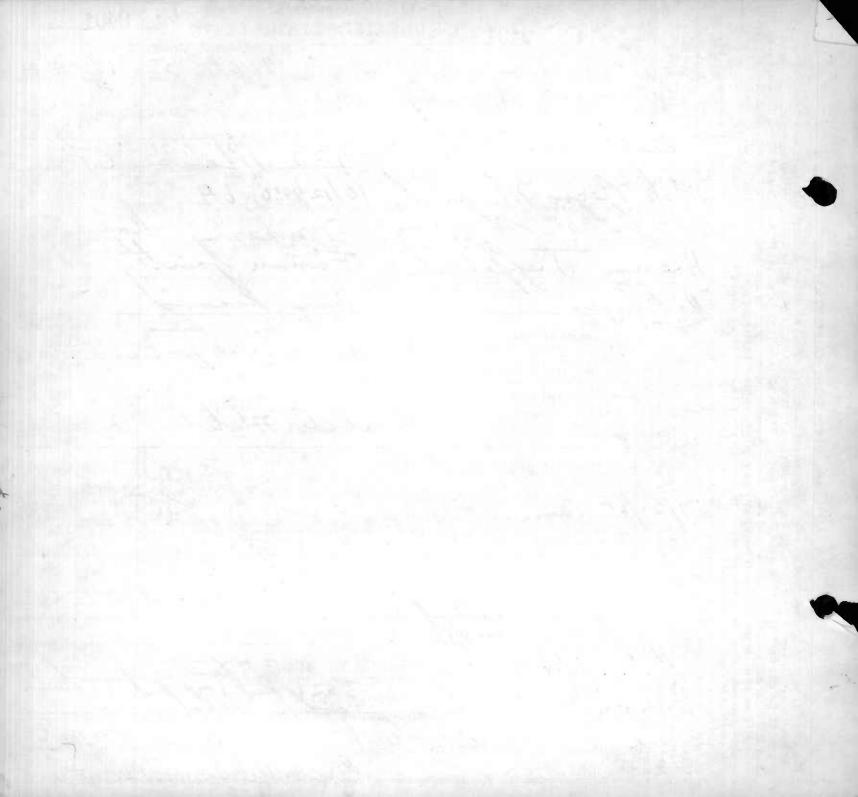
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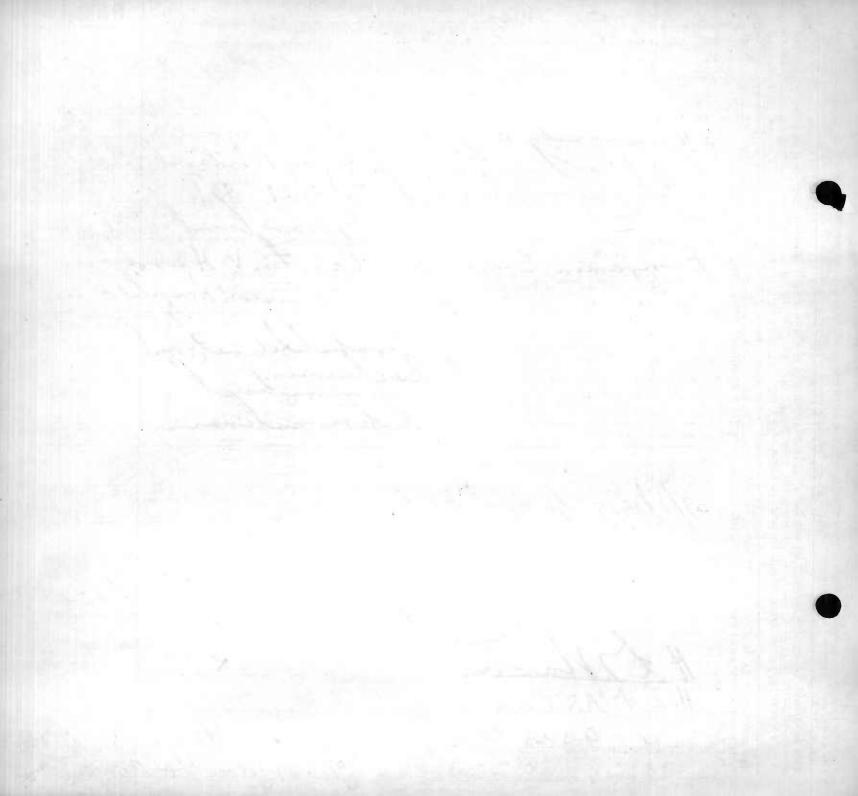
VS 150-REV. 1/1/65

BALTIMORE Y HEALTH DEPARTMENT



PURTUE NICE	BALTIMORE CITY HEALT	II DEI AKIMENI	6.5	0401
BIRTH NO.	CERTIFICATE O	DE DEATH	Registered No.	9401
M.E. CASE NO. 1. NAME OF DECEASED	CENTITICATE		***************************************	
(Type or Print)		2. DATE AND	HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARKEAND		LAL PESIDENCE WHOM	0/1965	ion: residence before odmission)
11.	A. STA	B. COUNT	deceosed lived. If institut	ion: residence before odmission)
FULL NAME OF (If not in hospital or institution, give st	reel Cay			104
HOSPITAL OR oddress or location)	C. CIT	YOR TOWN AND NO	de city limits, write RURA	L and give township)
10 D 1115		3 allin	14700	
Dalumone, My	D. STI	EET ADDRESS (How	of gird locotion)	4
1		132 /	lanse	- CA
5-SEX S. RACE 7 MARRIED NEVE			AGE (In years If	Under 1 Yr. If Under 24 Hrs.
Male Y Land WIDOWED, DIV	ORCED (special)	/12 /19AB "	st bighdoy Mo	nms Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSH	HESS OR INDUSTRY 11. BIR	HPLACE (State or foreign	country! 12.	CITIZEN OF
dane during mast of working life even if retired)		7- 1	1	WHAT COUNTRY?
Helined -	James	maryler	ul.	menican
13. FATHER'S NAME	14. MC	THEE'S MAIDEN NAM	4	4
Henry 1) effers	and 1	- annu	bank	
15. Was Deceased Eyes in U. S. Armed Forces? 16. St		DRMANT	1	ADDRESS
(Yes, no or unknown) (If wes, give wor ar dates of service)	CURITY NO.	11 1	/	
antinous -		toop.	cord.	
18. / 4 / 1 9 1	CAUSE OF DEAT	н	1	ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		,	///	V
LEADING TO DEATH 1This does not mean the mode of dying, e.g.,	(A) Lasty	momp	of Jongu	a leary
heart foilure, asthenio, etc. It means the disease,	DUE TO .	91/ 1	1/-0	
injury ar camplication which coused death.)	win	116las	lase,	1
ANTECEDENT CAUSES	DUE TO		1 1	
DISEASES OR CONDITIONS, if any, giving	1)	1-50	1. 1.	9
rise to the obove couse (A) stoting the UNDERLYING CONDITION last.	(C) Wish	ers //	euns	Lups.
CHECKETHO COMPITION 1831.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			Contract of the	
E TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.				
	OPERATION 120A	ALITOPSY? (Yes or No)	208. IF YES WERE FINDS	NGS CONSIDERED
TO 7/97/10- WAS PERFORMED	OPERATION 20A	AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
7/27/65 WAS PERFORMED	langua	Ves	IN CERTIFYING CAUSES	OF DEATH?
WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 218. PLAC OR/CONTRIBUTING CAUSE QF home, form	1.	121 C. WHERE DID	IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH? . give exoct locohon)
U 21 A ACCIDENT WAS UNDERLYING 21B. PLAC home, form etc.)	OF INJURY F.g., in or obo; foctory Reet, office bldg	ONE TO COLUR?	(If in Boltimore City	OF DEATH?
VAS PERFORMED 21 A ACCIDENT WAS UNDERLYING 21 B. PLAC OR/CONTRIBUTING CAUSE OF home, form etc.) OBATH (notify medicol exominer) ODENTIAL (Month) (Doy) (Year) (Hour) 21 E. INJU	OF INJURY J. g., in or obo; foctory Heet, office bldg	121 C. WHERE DID	(If in Boltimore City	OF DEATH?
WAS PERFORMED 21A_ACCIDENT WAS UNDERLYING 21B. PLAC OR/CONTRIBUTING CAUSE OF home, form etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU While At	F OF INJURY 19, in or obon; foctory Meet, office bldg	ONE TO COLUR?	(If in Boltimore City	OF DEATH?
WAS PERFORMED 21 A ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, form etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) WAS PERFORMED 21 B. PLAC home, form etc.)	F OF INJURY 19., in or obon; foctory Meet, office blds RY OCCURRED Not While At Work	ONE TO COLUR?	(If in Boltimore City	of DEATH?
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WAS PERFORMED 21 A ACCIDENT WAS UNDERLYING 218. PLAC OR (CONTRIBUTING CAUSE OF home, form etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU While At Work 22. I certify that (I) (this hospital) attended the decented that (I) (we) last sow the deceased alive on	E OF INJURY 19.9, in or obor, foctory West, office bldg RY OCCURRED Not While At Work Reosed from	21F. HOW DID INJU	(If in Boltimore City	of DEATH?
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WAS PERFORMED 21 A ACCIDENT WAS UNDERLYING 218. PLAC OR (CONTRIBUTING CAUSE OF home, form etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU While At Work 22. I certify that (I) (this hospital) attended the decented that (I) (we) last sow the deceased alive on	F OF INJURY 19, in or obon; foctory Meet, office bldg RY OCCURRED Not While At Work eosed from did (did nat) view the	21F. HOW DID INJURY 21F. HOW DID INJURY 9 ond that	(If in Boltimore City RY OCCUR? in (my) (our opinion 238.	of DEATH? give exoct locotion)
WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, form etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU While At Work 22. I certify that (I) (this hospital) attended the decended hour and from the couses stated abave (I) (We 23A. SIGNATURE	E OF INJURY 19.9, in or obor, foctory West, office bldg RY OCCURRED Not While At Work Reosed from	21F. HOW DID INJU	(If in Boltimore City RY OCCUR? in (my) (our) opinion	of DEATH? give exoct locotion) 19 6 5. deoth occurred on the dote
WAS PERFORMED 21A_ACCIDENT WAS UNDERLYING 21B. PLAC OR_CONTRIBUTING CAUSE OF home, form DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU While At Work 22. I certify that (I) (this hospital) attended the decended hour and from the causes stated above. (I) (We) 23A. SIGNATURE No. L. Marter WAS PERFORMED 21B. PLAC How born, form the many from the decended of the decended of the decended of the decended hour and from the causes stated above. (I) (We) 23A. SIGNATURE	RY OCCURRED Not While At Work and (did nat) view the	21F. HOW DID INJURY OCCUR?	IN CERTIFYING CAUSES (If in Boltimore City RY OCCUR? in (my) (our opinion 238.	of DEATH? give exoct locotion) 19 6 5. deoth occurred on the dote
WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, form etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU While At Work 22. I certify that (I) (this hospital) attended the decended hour and from the couses stated abave (I) (We 23A. SIGNATURE	FOF INJURY 19. in or obon; foctory weet, office bldg RY OCCURRED Not While At Work eosed from M.D. Attending Phys.	21F. HOW DID INJURY OCCUR? Ned. Spirector Property of	IN CERTIFYING CAUSES (If in Boltimore City RY OCCUR? in (my) (our opinion 238.	of DEATH? give exoct locotion) 19 6 5. deoth occurred on the dote
WAS PERFORMED 21A_ACCIDENT WAS UNDERLYING 21B, PLAC home, for etc.) 21A_ACCIDENT WAS UNDERLYING 21B, PLAC home, for home, for etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJU While At Work 22. I certify that (I) (this hospital) attended the detthat (I) (we) last sow the deceased alive on ond hour and from the causes stated abave. (I) (We) 23A. SIGNATURE 23CPHYSICIAN'S (NAME (Type)) ARTER 23CPHYSICIAN'S (NAME (Type)) ARTER (Type)	RY OCCURRED Not While At Work eosed from M.D. Attending Phys. 23D. AD M.D.	21F. HOW DID INJURY OCCUR? Posson ond that the body after death.	IN CERTIFYING CAUSES (If in Boltimore City RY OCCUR? in (my) (our opinion 23B.	of DEATH? 19 6 5. deoth occurred on the dote DATE SIGNED
WAS PERFORMED 21A_ACCIDENT WAS UNDERLYING 21B, PLAC home, for etc.) 21A_ACCIDENT WAS UNDERLYING 21B, PLAC home, for home, for etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJU While At Work 22. I certify that (I) (this hospital) attended the detthat (I) (we) last sow the deceased alive on ond hour and from the causes stated abave. (I) (We) 23A. SIGNATURE 23CPHYSICIAN'S (NAME (Type)) ARTER 23CPHYSICIAN'S (NAME (Type)) ARTER (Type)	RY OCCURRED Not While At Work did (did nat) view the M.D. Attending Phys.	21F. HOW DID INJUING OF STREET OF ST	IN CERTIFYING CAUSES (If in Boltimore City RY OCCUR? in (my) (our opinion 23B.	of DEATH? give exoct locotion) 19 6 5. deoth occurred on the dote
WAS PERFORMED 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COMPACT CONTRIBUTION	eosed from M.D. Attending Phys. 23D. AD M.D. Attending Phys. CEMETERY or CREMATOR	21F. HOW DID INJURY OCCUR?	IN CERTIFYING CAUSES (If in Boltimore City RY OCCUR? in (my) (our opinion 23B.	of DEATH? 19 6 5. deoth occurred on the dote DATE SIGNED
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WAS PERFORMED 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COMPACT CONTRIBUTION	eosed from M.D. Attending Phys. 23D. AD M.D. Attending Phys. CEMETERY or CREMATOR	21F. HOW DID INJURY OCCUR?	IN CERTIFYING CAUSES (If in Boltimore City RY OCCUR? in (my) (our opinion 23B.	deoth occurred on the dote DATE SIGNED wn, or county) (Stote)





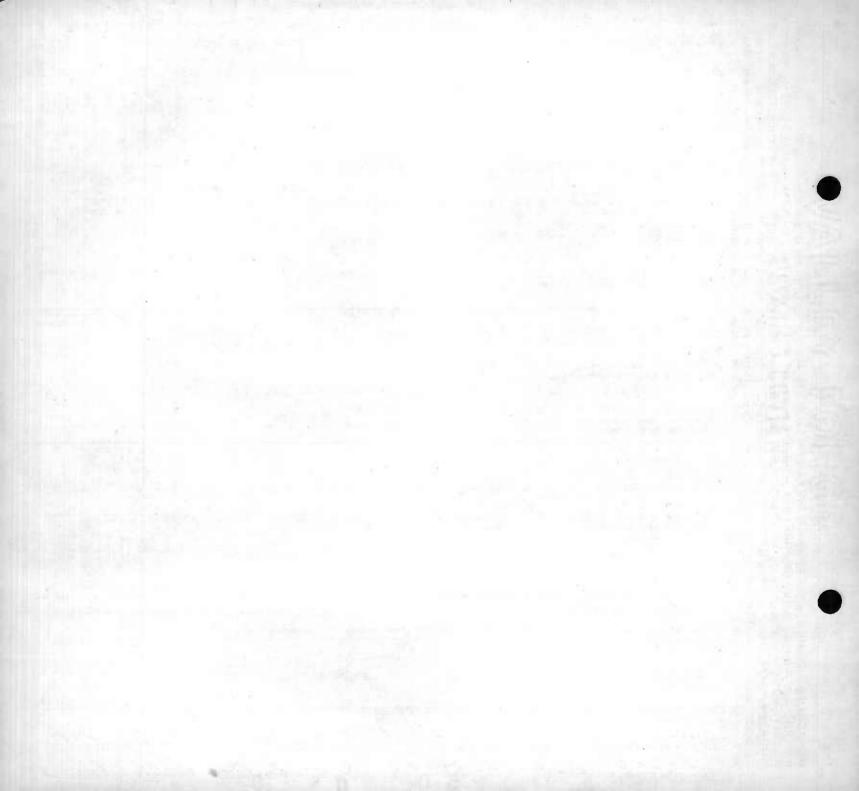
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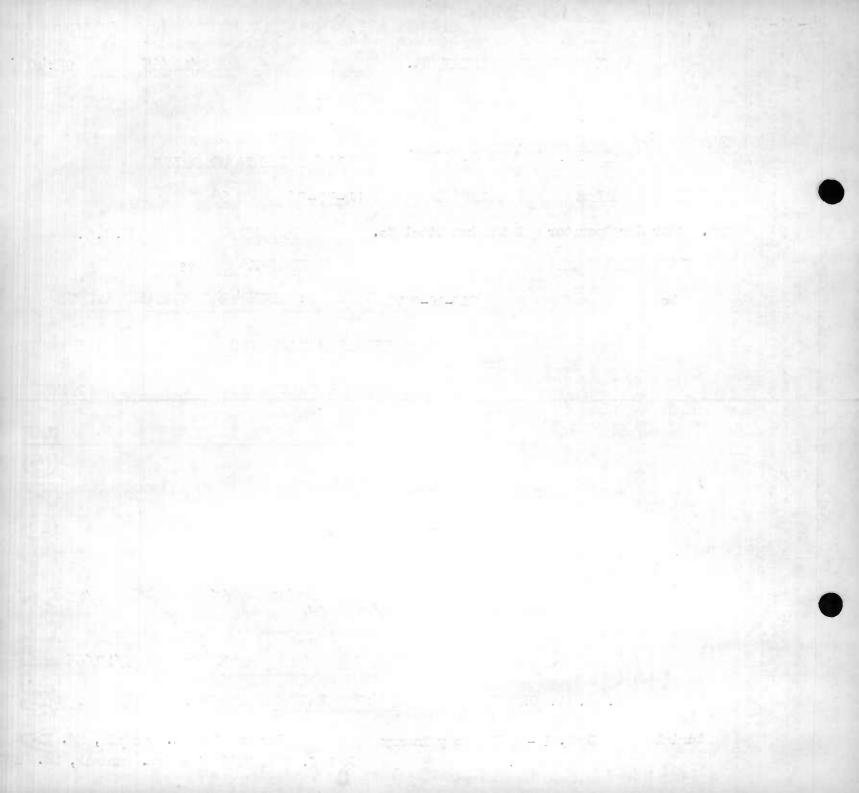
65 9403 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65-15739 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2, DATE AND HOUR PRONOUNCED DEAD ELROY BREWER 10 September 1965 2:55 p. JR. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOLINGED DEAD Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) Baltimore Simai Hospital D. STREET ADDRESS (If rurol, give location) 4108 Springdale Ave. 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. WIDOWED, DIVORCED (specify) male -6-14-1-65negro Child 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Baltimore. WHAT COUNTRY? Md. done during most of working lile, even if retired) Wilded of the best de A. MOTHER'S MAIDEN NAME Cloria Jean Jenkins 13. FATHER'S NAME Elroy Brewer Sr. Carlot Debut on the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 3502 Springdale Ave. INTERVAL BETWEEN CAUSE OF DEATH the state of the ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION п OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED yes 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) thome, form, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D TIME (Doy) OF INJURY (APPROX.) MHILE AT NOT WHILE Inspection Autapsy X I certify that I held an Inquiry and that an this basis, death in my apinian Accident Suicide Hamicide Undetermined manner resulted fram: Natural causes X CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9/11/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Type) (City, town, or county) 23A. BURIAL CREMATION, 23B. DATE 23C, NAME of CEMETERY of CREMATORY 23D. LOCATION (Stote) REMOYAL (Specify) ADDRESS / 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

and B.C. #65-15739

DIRECTOR:

FUNERAL

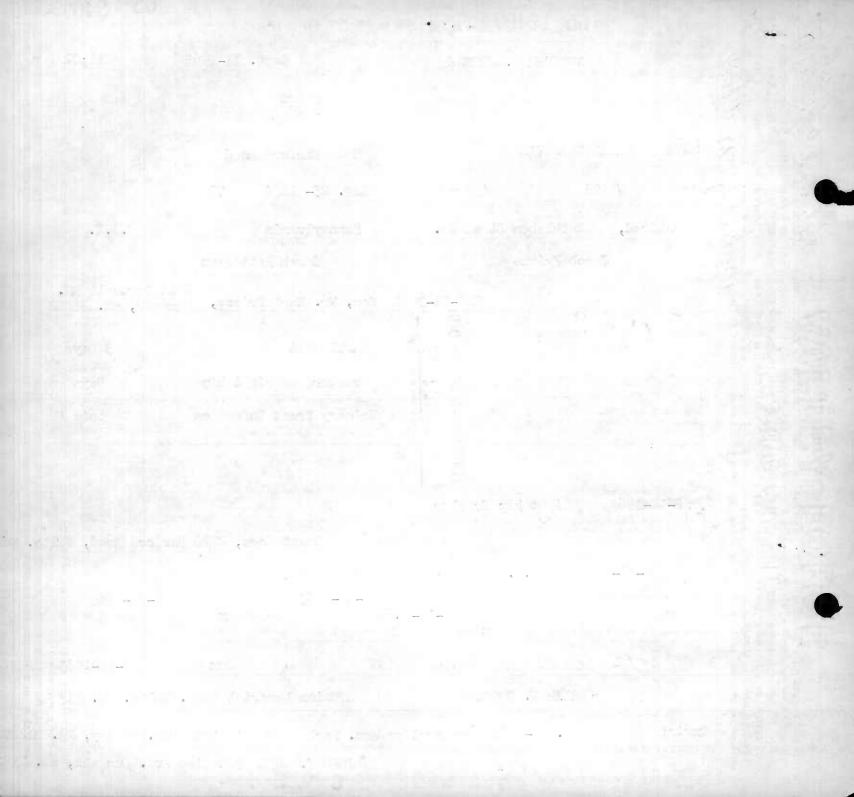




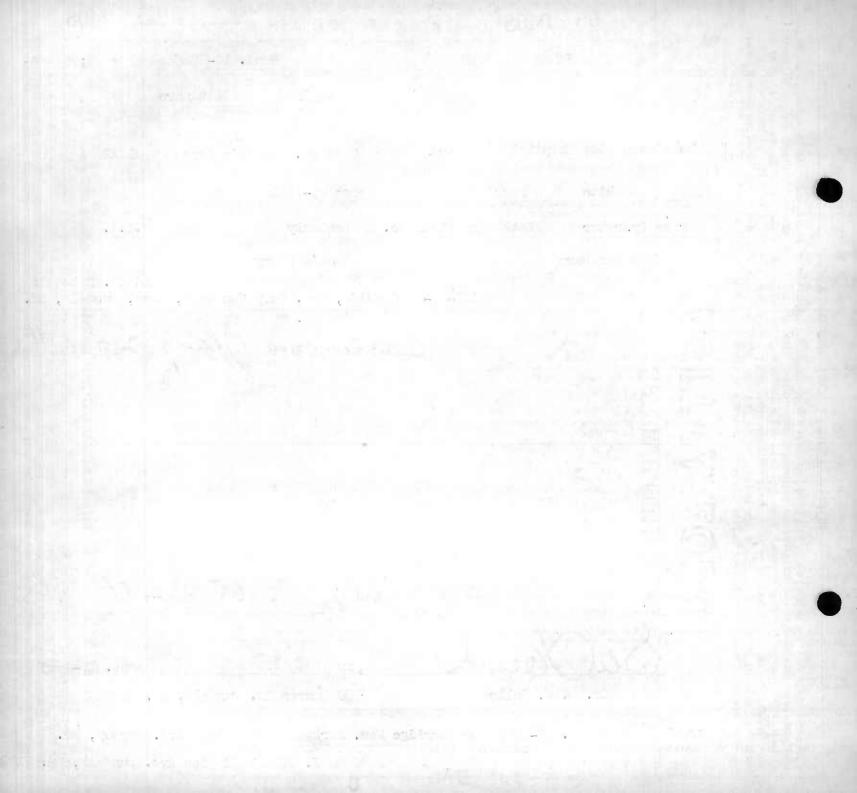
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17.	th No. 65 9407 CERTIFIC AME OF DECEASED	2. DATE AND HOUR OF DEATH			
5	CHESTER B. FRIEZE	Sept. 11-1965	11;02 p N		
	FULL NAME OF (If not in hospital or institution, give street address or location)	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland C. CITY OR JOWN (If outside city limits, write RURAL ond give township) Baltimore			
1.	UNION MEMORIAL HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 2926 Harford Road			
5.	6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) N Aug. 25 1894	f Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.		
	. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST e during most of working life, even it retired) Retired, Bethlehem Steel Co.		2. CITIZEN OF WHAT COUNTRY? U.S.A.		
13.	Jacob Frieze	14. MOTHERS MAIDEN NAME Sarah Patterson			
15, (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or doles of service) NO 16. SOCIAL SECURITY NO. 214-01-3051	Son. Mr. Earl Frieze. Dandel	ADDRESS Ornwall Rd. k. Md. 21222		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH SEPTICEMIA	INTERVAL BETWEEN ONSET AND DEATH 3 Days		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	Fracture of right hip	30 Days		
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.	Urinary Tract Infection	Chronic		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		TV.		
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OF A PERFORMED PROCESSION AT STATE OF THE PROPERTY OF THE PROP	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE			
DICAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED	office bidg., INJURY OCCUR?	ord Road, Balto. N		
MEDI	OF INJURY	While Fall			
	22. I certify that ****(this hospital) ottended the deceased from	5 and that in (xy) (aur) opinia	11-1965 19 n deoth accurred on the date		
	23A. SIGNATURE Brian & Grosmo.	23	8. DATE SIGNED 9-11-1965		
	23C. PHYSICIAN'S NAME (Type) BRIAN H. GROSS M.	23 D. ADDRESS			



V\$ 150-REV. 1/1/65

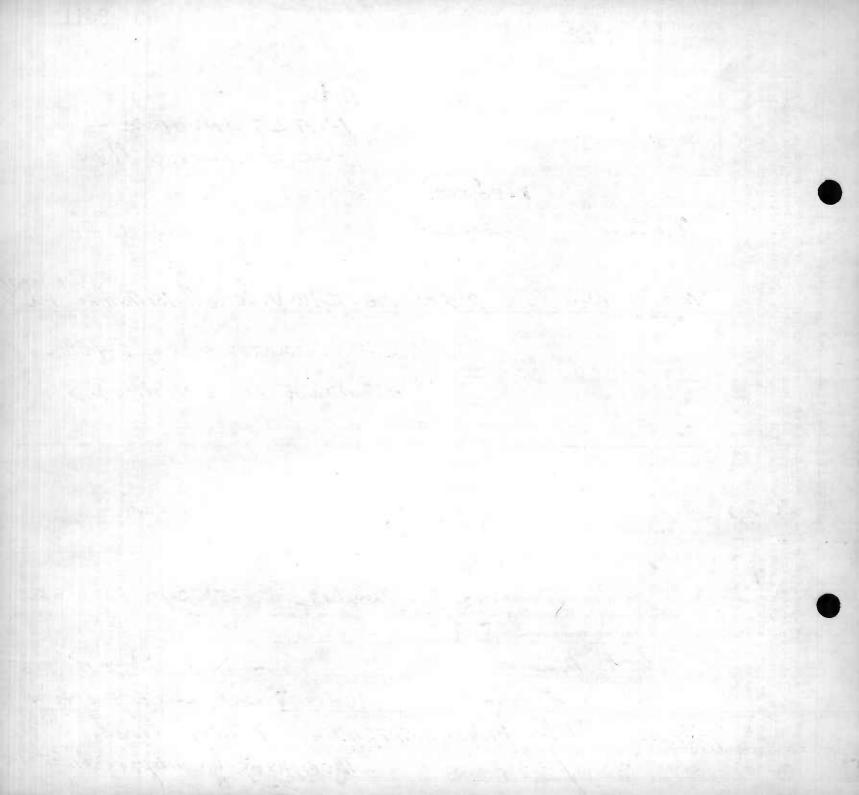


Letter from St. Agnes Hosp. & V.S. 153 9-15-65 M.H.

VS 150-REV. 1/1/65

Zurdat Brance M. France H. France M.

VS 150-REV. 1/1/65



Wanted to the state of the FRANCE GOTTON A. H. 16-13:00

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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

CHERCH Home & Hosp. Inc. 100 as tapted No 12 x2-51-2 painam By Your Wade Thomas Dozie Tallman Carrier Some? Joseph angline har Colomon B. Bergay CHURCH HEINE & HORPET THE EPBRAIM B HARZAGA CFE ansider BECKNERTONS KIN

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	This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct ar cantributing cause af death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranaunced death was in regular attendance on the deceased priar ta death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written approval must be obtained befare the remains are embalmed ar final dispasition is made.
	TET C

BIRTH NO.	65 9	1415	CERTIFICA			Registered	No.OF	-0445
M.E. CASE NO.	CEACED		CERTIFICA	TE OF DI			00	9415
(Type or Print)		LATUA	u D			AND HOUR OF DI		0 1.50
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ST. A	WILKENS & CATON AVENUES			MARY	LAND	JNTY		ond give township)
0	BALTIMORE,	MARY	LAND 21229	D. STREET ADD	RESS (ROUTE		
5. SEX	6. RACE	7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years		nder 1 Yr., II Under 24
MALE	WHITE	WIDO	VED, DIVORCED (specify) WED OF BUSINESS OR INDUSTRY	9-5-88		lost birthdoyl	Mon	hs Doys Hours Mi
Pumpe	I working lile, even if retired)		SOLINB	PENNS				VES
13. FATHERS NA	ME 3			14. MOTHER'S A	AAIDEN NA	AME		
	TRAN B/AND d Ever in U. S. Armed For	-	DEC D	ELIZAB	ETH ((FIRTH)	DEC	ADDRESS
(Yes, no or unknow	(II yes, give wor or date	s of service	SECURITY NO.		S REC	CORDS-BAL	KENOR	OATON AND
	ASE OR CONDITION DIR LEADING TO DEATH not mean the mode of		CAUSE O		mely	fuerrue	nea	INTERVAL BETWEEN ONSET AND DEATH
DISEASES	, oslhenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION last.	death.) iny, givin	(B)		0			
E TO THE I	II HIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO						
19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	YES	? (Yes or h	No. 20B. IF YES, W	CAUSES C	GS CONSIDERED OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	h	18. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)	n or obout 21 C. WI lfice bldg., INJURY	OCCUR?	(If in Bo	limore City,	give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	V	Vhile At Not While At Work	e 🗆	W DID IN	IJURY OCCUR?		
22. I certify	y that () (this hospital	attended	the deceased from A	JGUST 16	,	19 65 to	SEPTEN	1BER 11, 19 6
			SEPT. 11,			that in (XX (aur)	apinion d	leath accurred an the
23A. SIGNAT		Cour	lix sep Min. Alle	ending	Ned.	Stolf Phys.	23 8. [4-12 -6
23C.PHYSICI	7 1 1 1	EDIA	Phy M.D.	23 D. ADDRESS	rector [rnys.		7-12-60
4A. BURIAL CR REMOVAL	(Specily) 9/15/10	5 6	NAME OF CEMETERY OF CRI	PTIST		LOCATION UP/AND	(City, tow	Par (Sto
SEP 1	4 1965 Pole	- 8 3	a Drugge	25C. FUNERA	Mee 7	Reyler	che	ster Pen
'S 150-REV. 1/1	/65	1 1	0 3 .	3 7	-	14		

Edition Condequiuments

BALTIMORE CITY HEALTH DEPARTMENT

8:30 a.

If Under 1 Yr. If Under 24 Hrs.

Hours

Months Days

12. CITIZEN OF

23 B. DATE SIGNED

WHAT COUNTRY?

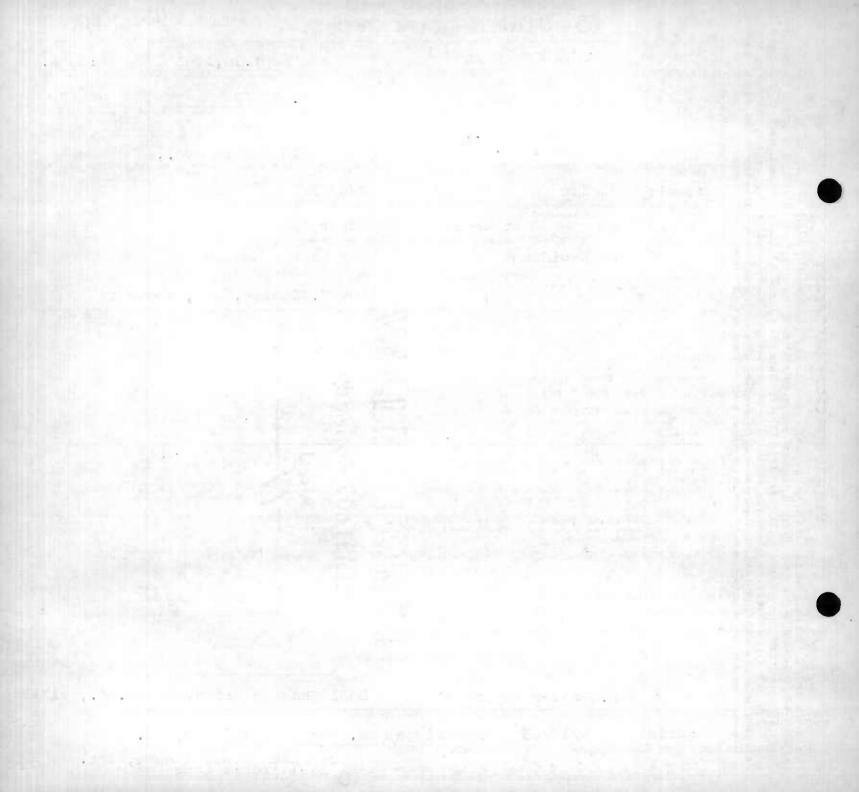
ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

eath IMPORTANT DIRECTOR: chief medical FUNERAL approved

VS 150-REV. 1/1/65



	65 9	417	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered Ne	9417
M.E. CASE NO.	CEASED			2. DATE AN	ND HOUR OF DEATH	
Type or Print)	BERTHA L	· HA	RE	Sept	. 11, 1965	
. PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	re deceased tived. If ins	titution: residence before admission
FULL NAME HOSPITAL OR	OF (If not in hospital oddress or location	or institution,	give street	MARYLAND C. CITY OR TOWN (If ou	BALTIN Itside city limits, write RU	102E
	CH HOME	+ H	OSPITA	ROSEDALE	-	53-00
	cor tho me			8223 8	PHILA DELPH	th Rd
SEX	6. RACE		D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (tn years lost birthday)	If Under 1 Yı. If Under 24 Hr Months Doys Hours Min.
+-	WHITE	W	DOWEN	NOV 2 1888	76	
A. USUAL OCC	CUPATION (Give kind of work f working tife, even it retired)	k 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
4	EWIFE	14	OME	MARYLAN	UD.	U.SA
FATHER'S NA		6-14	07714	14. MOTHER'S MAIDEN NA		U.2H
10	HN MA	AS		HENERIE		HIE
. Was Decease	d Ever in U. S. Armed For	rces?		17. INFORMANT	. 1 -1	ADDRESS
No	yes, give war or date	ca or service/	212-05-53	33 Frances Eko	vich Same	
18.	3.21		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		and ation		animates
(This does	nat mean the made of	dvina ea	(A) CC	spraten		in www
heart foilure	, asthenia, etc. It means	the disease,		V		
injuly at co	mplication which coused					
	ANTECEDENT CAUSES		DUE TO			
	OR CONDITIONS, if					
	G CONDITION last.	stoting the	(C)			
	11					
TO THE	IFICANT CONDITIONS COEATH BUT NOT RELA	ATED TO TH	G HE			
19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE FI	NDINGS CONSIDERED
SEPT	8, 1965 CAPC		ESC. COLON	11/0	IN CERTIFYING CAU	SES OF DEATH?
21 A. ACCIDE	NT WAS UNDERLYING	218	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
	UTING CAUSE OF y medical examiner	han etc.	ne, form, foctory, street, off	ice bldg., INJURY OCCUR?		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			nile At Not While			
		Wo			C	DAT 11
	y that (1) (this hospita				19 65 to Se	P1 11 19.65
that (I) (we) lost sow the decease	ed olive on	SEP7 11	19.65 ond th	ot in(my) (our) opini	ion death occurred on the do
,				ew the body ofter death.		
23A. SIGNAT		_				23 B, DATE SIGNED
2	ranuel &	. 10	M.D. Atte	nding Med.	Stoff Phys.	9/11/1-
23C PHYSICI	ANE		Phys	3D. ADDRESS	Phy s.	111167
PHYSICIANAME (Type) ANUEL J	TAI	() M.D.	edurch 1-	tome a	HOSPITAL
A. BURIAL CRI	MATION, 248. DATE	24C. N	AME of CEMETERY OF CRE		OCATION (City,	, town, or county) (State)
Burial	9/14/6	5 Pa	rkwood Cemeter	y Bal	timore Co	Maryland
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 1	4 1965	f 8, F	MENT O	Bruzdzinski Fu	neral Home 1	407 Eastern Ave.

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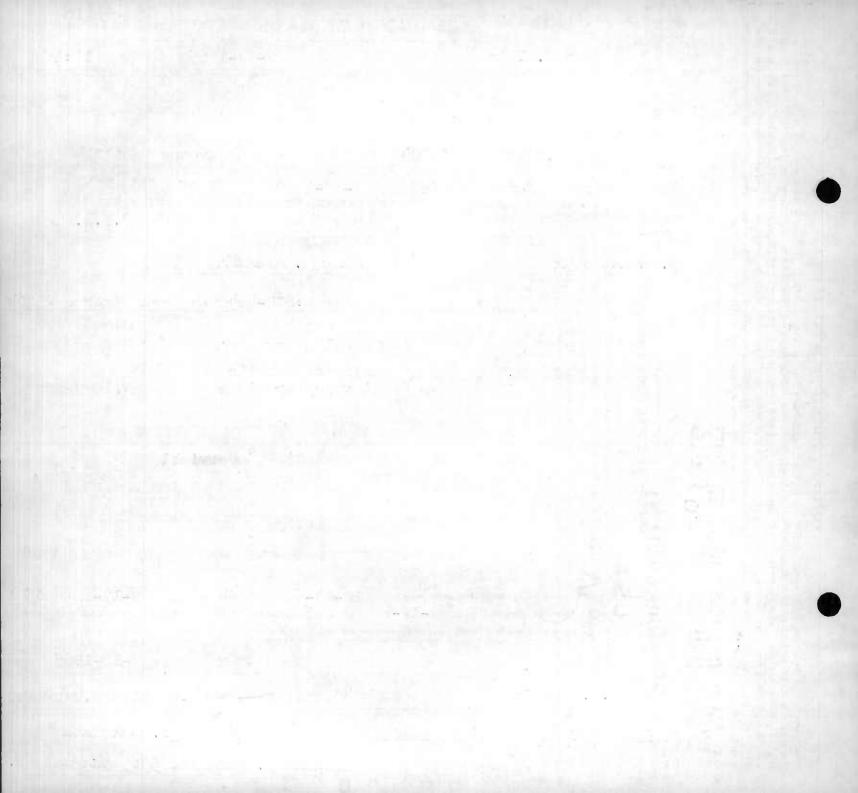
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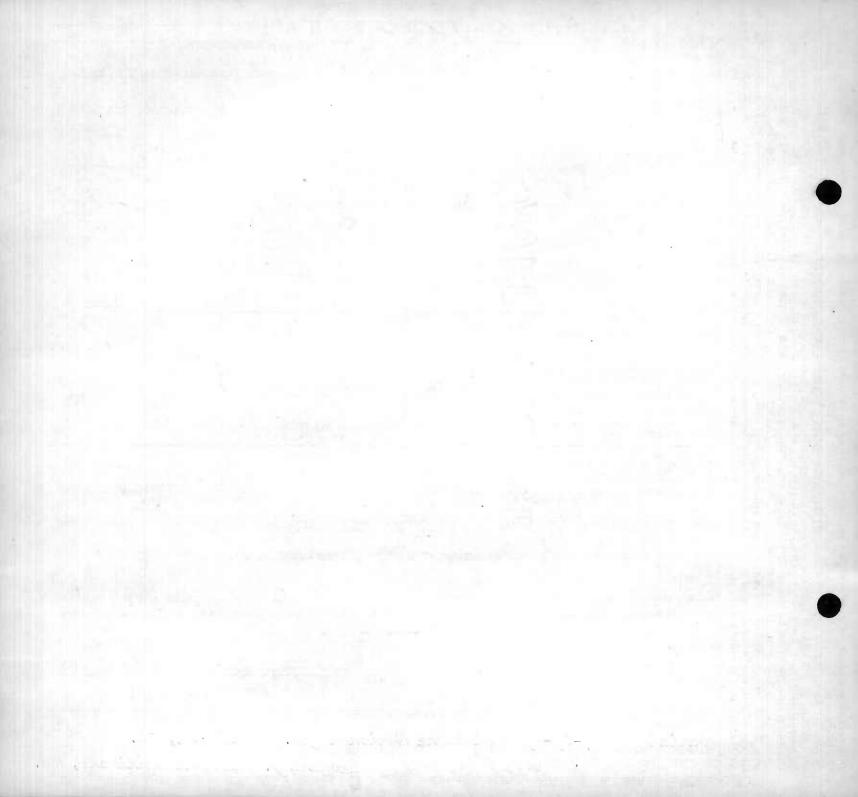
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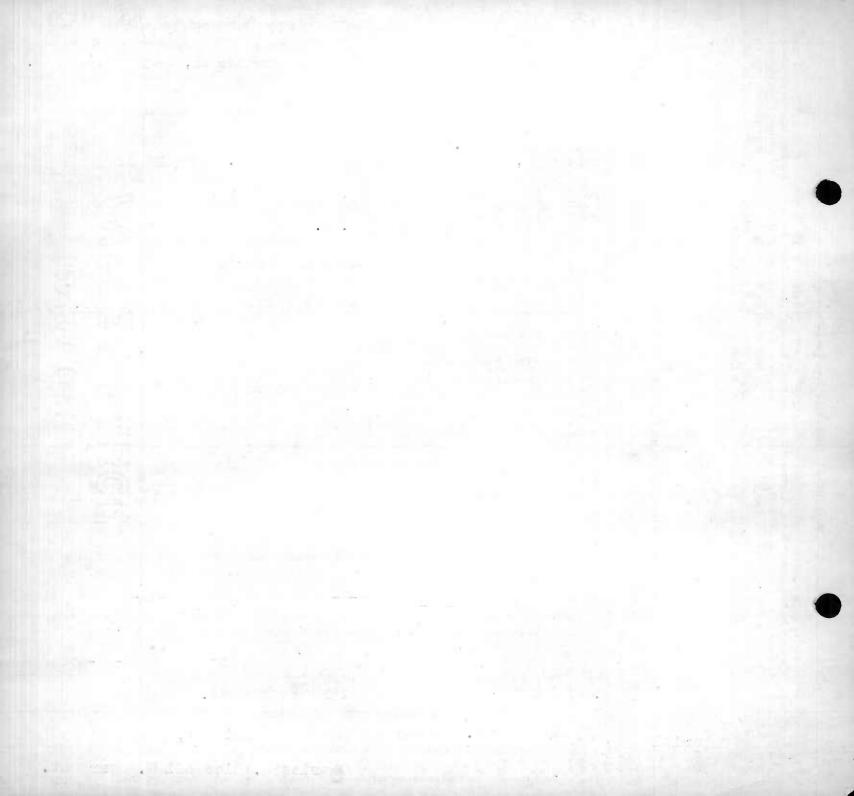
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NRITH NO. M.E. CASE NO. I. NAME OF DECEASED II. NAME OF DECEASED II. NAME OF DECEASED III. NAME OF DECEASED I
Type of Print) Emma M. Volz 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give sheet oddress or location) Baltimore City Hospitals HOSPITAL OR INSTITUTION Baltimore, Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore, Maryland D. STREET ADDRESS (If rurol, give lacation) 2827 Overland Avenue 21214 S. SEX Female White White Never Married Ne
FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224 5. SEX Female White White To Married Never Married Never Married To Maryland To C. City Or Town (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give lacotion) 2827 Overland Avenue 21214 8. Date of Birth 1-17-1890 Pemale White White Never Married Nonhis Doys Hours Maryland 12. Citizen of What Country What Country What Country Maryland Nary A. Koerding None 15. Was Deceased Ever in U. S. Amed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
POLITATE OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 1940 Eastern Avenue Baltimore, Maryland 21224 5. SEX 6. RACE White White White White Whower Married Odiness or location 108. KIND OF BUSINESS OR INDUSTRY 109. Hospitals Baltimore D. STREET ADDRESS (If rural, give location) Solution 109. AGE (In years) Months: Doys Hours Months: Doys Hours Months: Doys Hours Maryland 12. CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary A. Koerding 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224 5. SEX 6. RACE White White Never Married Naryland Naryland 12. CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME J. Henry Volz 15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL Baltimore D. STREET ADDRESS (If rural, give lacotion) 2827 Overland Avenue 21214 B. DATE OF BIRTH 1-17-1890 If Under 1 Yr. If Under Months: Doys Hours North Hours Maryland 12. CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary A. Koerding 15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
H940 Eastern Avenue Baltimore, Maryland 21224 SEX 6. RACE 7. MARRIED, NEVER MARRIED 1-17-1890 A. USUAL OCCUPATION (Give kind of work lob, KIND OF BUSINESS OR INDUSTRY) None Maryland Ma
Female White Never Married 1-17-1890 P. AGE (In years Months) Poys Hours of Months Poys Hours
Female White Never Married 1-17-1890 Ost birthdoy) 75 Mone Ost birthdoy) 75 Ost birthdoy 75
In the state of working life, even if retired) None 3. FATHER'S NAME J. Henry Volz S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
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S. Was Deceased Ever in U. S. Anned Farces? 16. SOCIAL 17. INFORMANT ADDRESS
S. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
PARTIN NI MININI THIRD TO THE WALL OF THE SELECT AND THE SELECT AN
Records:BCH-4940 Eastern Avenue
18. 42211 CAUSE OF DEATH INTERVAL BETWONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Acute Pulmonary Edema 3 days
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, Arterioscleratic
injury or camplicolian which coused death.)
ANTECEDENT CAUSES (B) VAIULOVASCULAL DISEASE DUE TO DUE TO DUE TO
tise to the above couse (A) stating the (C) UNDERLYING CONDITION last.
other significant conditions contributing Spastic Paraplegia 2° Cervical to the Death but not related to the Cord Injury 62 year
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact location)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, faim, factory, street, affice bldg., INJURY OCCUR?
OR CONTRIBUTING CAUSE OF hame, factory, street, affice bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not While At Work
22. I certify that (I) (this haspital) attended the deceased from 12-23-19 64 ta 9-12-19
that (I) (we) lost sow the deceased alive on 9-12- 19-65 and that in (my) (our) opinion death occurred on
ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 238. DATE SIGNED
M.D. Attending Med. Staff Staff 9-12-1965
23C. PHYSICIAN'S NAME (Tung)
M.A. Dennis M.A. Lastern Avenue, Baltimore, Mar
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
Burial 9/15/65 Zion Cemetery Baltimore Co. Maryland
SEP 14 1965 Republished Leonard J. Ruck Inc 5305 Harfor
/S 150-REV. 1/1/6S

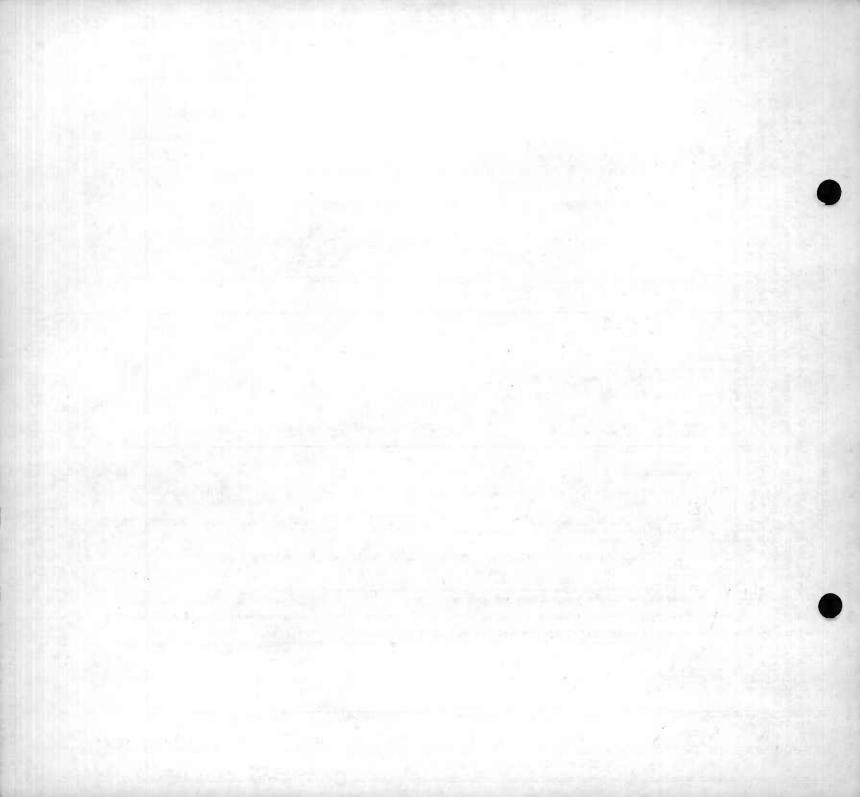




BIRTH NO.	9420	CERTIFICA	0- 0- 1- 1	Registered No.	65 9420
M.E. CASE NO.		CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED (Type or Print)				D HOUR OF DEATH	
Elliott H			Septe	mber 11, 1	965 6:00 a.
3. PLACE OF DEATH IN BALTIMO	DRE, MARYLAND		A. STATE B. COUN	e deceosed lived. If i	nstitution: residence before admission
FULL NAME OF (If not in HOSPITAL OR oddress o	haspital ar institu or location)	tion, give street	Maryland c. city or town (If out:	side city limits, write	RURAL ond give township)
	vident H	ospital	Baltimore		
7 151	4 Divisi	on St.	D. STREET ADDRESS (If	urol, give location)	
	timore,		900 Argyle A	ve. Apt/	271
5. SEX 6. RACE	7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 H
Male Negro	WID	Married	?	ost birthdayl 75?	Months Doys Hours Min
10A. USUAL OCCUPATION (Give kin		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or latei	gn country)	12. CITIZEN OF
done during most of working life, even if		mployed	s. c.		WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE	
Johnnie Hilto	n		ANAHUAX Vor	nnie	
15. Was Deceased Ever in U. S. Ar	rmed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wo	or or dotes of serv	vice) SECURITY NO.	Amanda III 11	000 1	" - A
10 4 4 5 5		CALLER	Amanda Hilto	on 900 A	gyle Ave. Apt
18. 4 43XI		CAUSE O	PULAIM		ONSET AND DEATH
DISEASE OR CONDITI			VA		
(This does not mean the m		(A)	V A		
heart failure, asthenia, etc. It	I means the dis-				1000
injury or complication which		(B) A	rteriosclerosi	S	of the second second
ANTECEDENT C	CAU2E2				
		DUE TO			
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DISEASES OR CONDITION TISE TO THE OBOVE COUNTY OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE DEATH (notify medical examine) 21D. TIME (Month) (Doy)	NS, if any, g se (A) stating last. THONS CONTRIBI OT RELATED TO USING IT. 98. CONDITION VAS PERFORMED CLYING OF	UTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., independent of the content of the co	ICVD . 20A. AUTOPSY? (Yes or No) No	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimor	USES OF DEATH?
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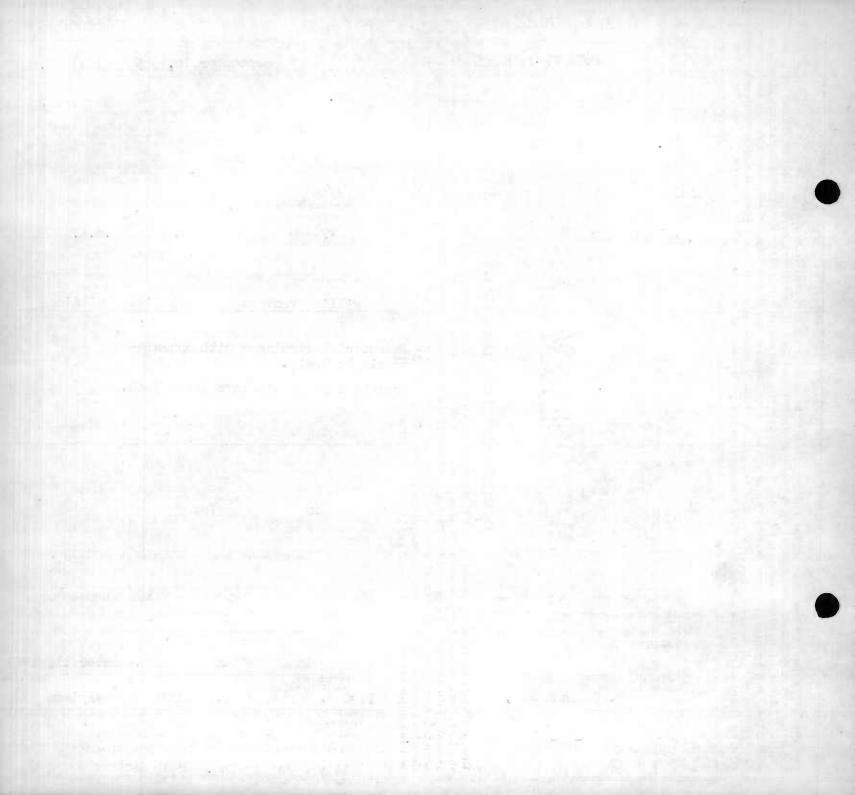
65 9421 BALTIMORE	CITY HEALTH DEPARTMENT	
CERTIFI	ICATE OF DEATH Registered h	10. 65 9421
M.E. CASE NO. 1. NAME OF DECEASED A	2. DATE AND HOUR OF DEA	ATH
Type of Print) Mrs. Mary McKnigh	7/8/65	1145 1
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE, B. COUNTY	If institutions residence before admis
FULL NAME OF (If not in haspital or institution, give street	md.	7-16
HOSPITAL OR address or location)	C. CITY OR TOWN (If autside city limits, we	rite RURAL and give township)
	Balta.	
Mercy Hosp.	D. STREET ADDRESS (If rurol, give lacotion)	
1	1804 Guilford Ave	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	(fy) 8. DATE OF BIRTH 1/23/28 9. AGE (In years last birthday) 3	If Under 1 Yr. If Under 24 Manths; Days Hours Mi
Married.		7
IA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDIcate during mast of working life, even if retired)	USTRY 11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife At home	S. Carolina.	USA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Kelly McCray	Bankie?	
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
es, na ar unknawn) (If yes, give wor ar dates of service) SECURITY NO.	Padaga	
	Record.	(A)PROLATION
DISEASE OR CONDITION DIBECTLY	^	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acute Respiratory Arre	st 1/20 ho
(This does not mean the made of dying, e.g., DUE To	0	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Status Epilepticus	2 1/0
ANTECEDENT CAUSES (B)	Dialus Pilepiicus	0 W/2 -
DISEASES OR CONDITIONS, if any, giving		
rise la the abave couse (A) stating the (C) UNDERLYING CONDITION last,		**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE A CUTE OF DISEASE OR CONDITION CAUSING IT.	pancreatitis	5 days
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		RE FINDINGS CONSIDERED
WAS FERFORMED	No IN CERTIFING	CAUSES OF DEATH?
. OR CONTRIBUTING CAUSE OF home, form, factory, stre	(e.g., in ar about 21 C. WHERE DID (If in Baltinet, affice bldg., INJURY OCCUR?	more City, give exact lacotion)
DEATH (natify medical exominer)		
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
While At Not	t While Wark	
22. I certify that (I) (this haspital attended the deceased from	4	9/8 196-
	(; -	
that (I) (we) lost sow the deceased alive on 918	19 (c) and that in (my) (our)	apinion death occurred on the
ond hour ond from the couses stoted obove. (I) (We) (did) (did r	not) view the body ofter death.	
23A. SIGNATURE S. J. P. 11 M.D.	. Attending Med. Stoff	23B. DATE SIGNED
2. De po o o o cons	Phys. Director Phys.	1/8/60
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	M.D.	
4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	OF CREMATORY 24D. LOCATION	(City, tawn, or caunty) (Sta
Burial 9-12-65 mt. Calar	my Concellery Broom	Klem, net.
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
SEP 1 4 1965 P. O. A E Failer MA	Cotrasler On Rico L	61W. Barre &
S 150-REV. 1/1/65	0 7 5007 (00)	of our reaction, by



VS 150-REV. 1/1/65

a hospital and

	BALTIMORE CITY			
икти но. 65 9422	CERTIFICA	TE OF DEATH	Registered No.	65 9422
N.E. CASE NO.			D HOUR OF DEATH	
Type or Print) McCAFFREY, 1	MARY			
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		1965 10:15 P. Institution: residence before admission
		Md.	ry	M. Alm
FULL NAME OF (If not in hospital or institu	ution, give street		ide city limits, write	RURAL and give township)
INSTITUTION		Baltimore 22		52-00
St. Joseph Hospital			urol, give location)	0300
ove occopii nospioali		46 Township	Road	
SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs
99 9	ever married	12/1/05	ost birthdoyl 59	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)		Marreland		
Retired 3. FATHERS NAME		Maryland 14. MOTHER'S MAIDEN NAM	A E	U.S.A.
5, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or doles of ser	SECURITY NO.	The only and the		
		William Traver	s 433	Title Building
18. 172 X I	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSE! AND DEATH
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dis	sease,	is to brain.		
injury or complication which caused death,)				
	- Reor	chiel meumonia	left: lower	lobe.
ANTECEDENT CAUSES	(B) Bron	nchial pneumonia	left lower	lobe.
DISEASES OR CONDITIONS, il any,	(B) Bron DUE TO	chial pneumonia	left lower	lobe.
	(B) Bron DUE TO	nchial pneumonia	left lower	lobe.
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DISEASES OR CONDITIONS, il any, grise lo lhe obove couse (A) sfoling UNDERLYING CONDITION lost.	(B) Bron DUE TO giving the (C)	nchial pneumonia	left lower	lobe.
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DIRECTOR:

FUNERAL

MERCY HOSPITAL

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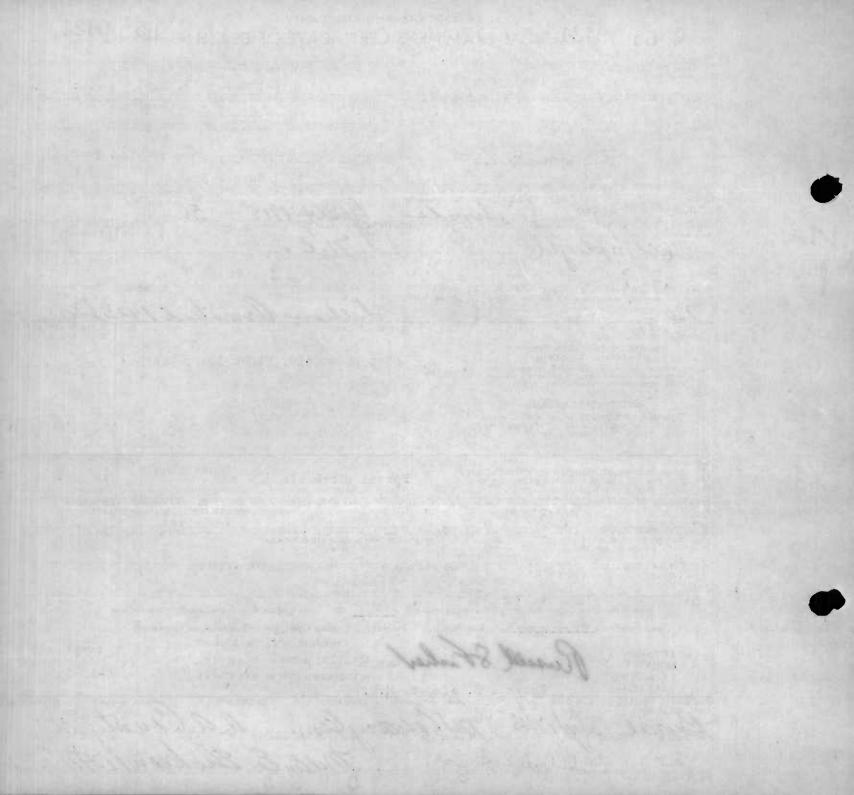
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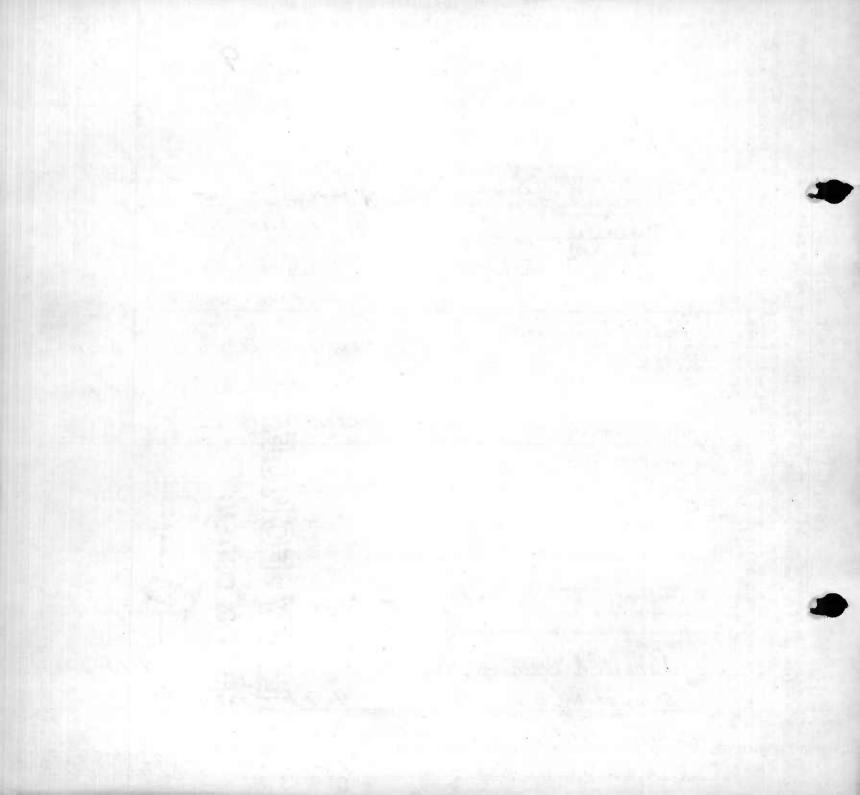
BALTIMORE CITY HEALTH DEPARTMENT

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-	L CASE NO.	EACED					DATE AND	D HOUR PRONOUNCE	TD DEAD	
(Ťy	De or Print)		HEODOF	RE BR	OWN		1 2 2 2 2 2 2 2	ember 13, 19		A
3. P	LACE IN BALT	IMORE, MARY	LAND, WH	ERE PRO	NOUNCED DEAD	4. USUAL RESIDE			itution: residence before ac	
FU L HO INS	L NAME OF	(IF NOT II	N HOSPITA	L OR INS	TITUTION, GIVE STREET		laryland		RURAL ond give townsh	ip)
5		1423	Barnes	Str	eet	D, STREET ADDR		give location)	0.09	
								rnes Street		
5. S	ale	6. RACE Negro	,		ED, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	1915	9. AGE (In years lost birthday)	II Under 1 Yr. If Under Manths, Doys, Hours	24 Hrs. Min.
	USUAL OCCL			OB KIND	OF BUSINESS OR INDUSTRY	IT BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
	ATHE'S NAM	mple	ups.			14. MOTHER'S MA	AIDEN NAAAI			
13.1	VILLES HAW	7	0			14. MOTHER'S MA	"?"			
	WAS DECEASED, no or unknown)				16. SOCIAL SECURITY NO,	17. INFORMANT	-	, ,	ADDRESS	
	110				0	Allean	- Ur	meterd	1423 Das	us St
	18. 49	0/1			CAUSE	OF DEATH			INTERVAL BE	
	DISEAS	E OR COND	O DEATH	ECTLY	Loha	r pneumoni	a right	nt lower lob		
	heort loilure,	ot meon the osthenio, etc. application which	It means	the disea	9. DUE TO	priedmoni	.4.,1.18	ic lower for	Je .	*********
	A	NTECEN DEN	T CAUSES							
	DISEASES O	OR CONDITION	ONS, IF AN	Y, GIVIN	G DUE TO	************************				ър
Z	UNDERLYIN	IG CONDITIO	ON LAST.		(C)					
TIO		П							244	2
CERTIFICATION	TO THE	DEATH BUT	NOT REL	ATED TO		al cirrhos	sis			
	19A. DATE OF	OPERATION	198, CONE		OR WHICH OPERATION	Yes		208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
O	21 A. EXTERNAL UNDERLYING DUTING CAU	OR CONTRIB.		h	1B. PLACE OF INJURY (e.g., i ome, farm, factory, street, a tc.)	n or about 21C. W ffice bldg., INJURY	HERE DID (ve exact location)	
M	21D TIME OF INJURY	(Month) (D	ay) (Yeor)	(Hour)	21E INJURY OCCURRED		W DID INJU	IRY OCCUR?		
	(APPROX.)				m. WHILE AT NOT V	ORK				
		ify that I he						s basis, death In m		
	resul	red from: No	0		Accident Suicide			Indetermined manne	er	
	ACTUAL		12.00	eal	8 Fisher M.O.	ASSISTANT ME			DATE SIG	NED
	EXAMIN NAME (1	ER'S			l S. Fisher, M.I	ASSOCIATE MI			9-13-65	
	BURIAL CREA	MATION, 238	DATE	/	23C. NAME of CEMETERY O	CREMATORY	23 D. L	OCATION (City)	town, or county) (S	Stote)
NEN.	Bure	0 1	4/17	165	million	11 Cm		a.a.()	Water Du	1
ZAP	DATE REC'D	BY HEALTH T		24B. NA	OF REGISTRAR	24C. FUNERA	L DIRECTOR	201	ADDRESS	6
	SEP 1	4 1965	Rober	82.	Farberen	Mell	to E.	Ellekei	en/129710	lestes
VS	151-REV. 1/1/	5.5		3		0 0	7 0			





BIRTH NO. MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	T Mary Land C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
7	D. STREET ADDRESS (If rurol, give location)
St. Joseph Hospital	215 E. Lafayette Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of working life, even if refired)	DUSTRY 11 BIRTHPLACE (Stote or foreign country) WILLIST JOURTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 1842 Edna Flecther 1031 Penny vin 19
	ora read received
1 2 7 8 / Xi	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	te purulent peritonitis following
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	be builded bellocators formowing
injury or complication which coused death.)	gunshot wound of abdomen
ANTECENDENT CAUSES	guilation modific of abdometr
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
- 10 THE BEATH BOT NOT KELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	yes IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY	(e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) reet, office bldg., NJURY OCCUR?
OUTING CAUSE OF DEATH,	
Street 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	Pittman and Barclay Sts.
(APPROX.) 9 2 65 10:55p. WHILE AT	NOT WHILE x shot in abdomen
22. I certify that I held an Inquiry Inspection	Autapsy and that an this basis, death In my apInIan
	Sulcide Hamicide Undetermined manner
Tosoffed Hollis Hotoric Cooses Recident	CHIEF MEDICAL EXAMINER
ACTUAL ILLESIA IN STORY	— DATE SIGNED
SIGNATURE OF THE SIGNATURE	ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER 9/10/65
EXAMINER'S NAME (Type) Warner II Snitz M D	ASSOCIATE MEDICAL EXAMINER 9/10/65
23A, BURIAL CREMATION, 23B. DATE 23C. NAME OF CEME	TERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
Butg 1 9-14-45 Buttingrie	. Not. Cem Battimore Md
SEP 14 1965 Robert E, Falker MA	24C. FUNERAL DIRECTOR ADDRESS
BET I I SOU Worker C. Garany	Joseph L. Russ 22224, North Can
10 101 DPM 1/1/10	

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ADDRESS

Sept. 15/65 Balto. National Cem

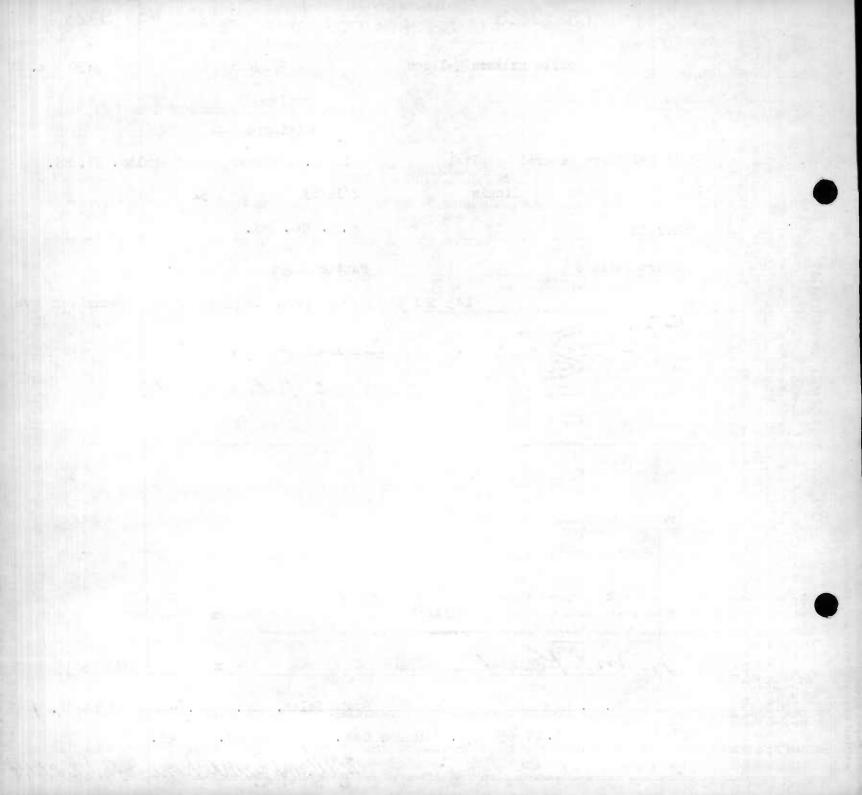
24B. NAME OF REGISTRAR

Burial

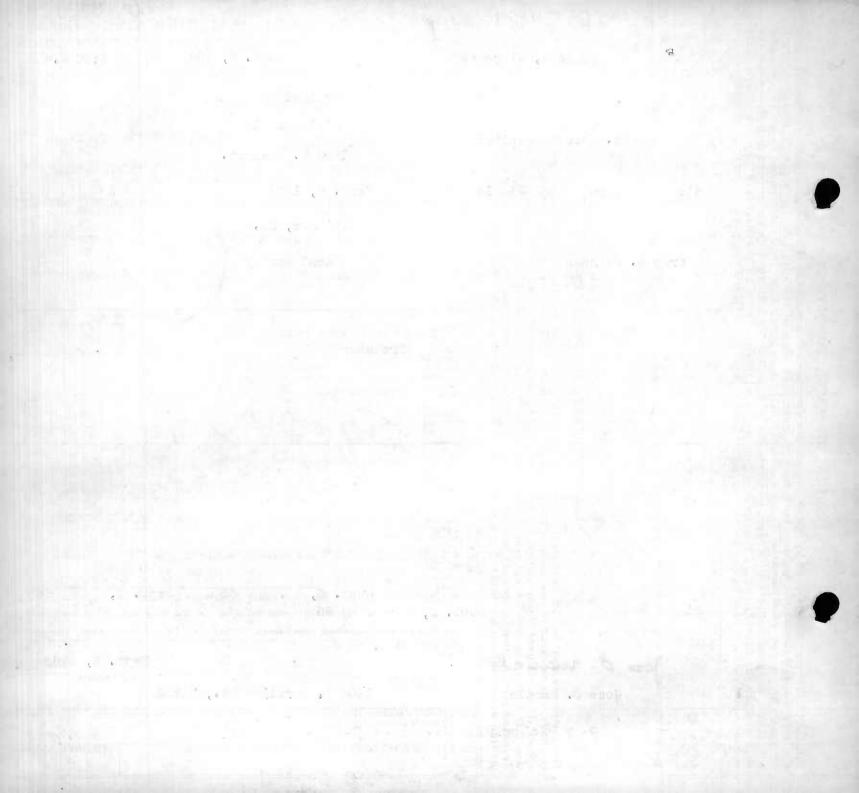
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24A. DATE REC'D BY HEALTH DEPT.

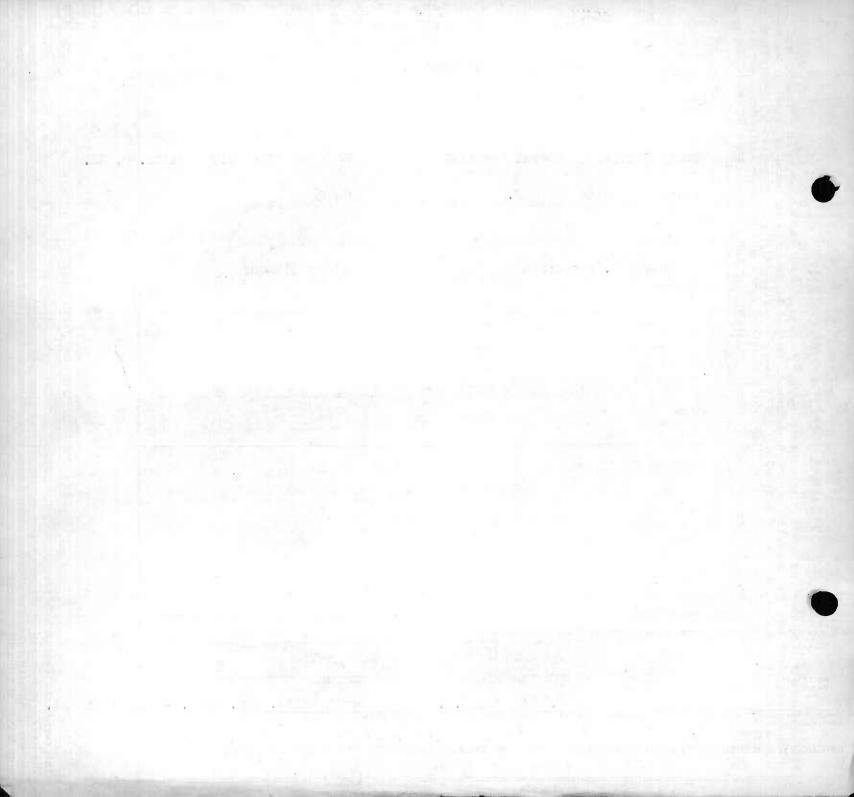
CASTRON III MARKET To your to sail or it wishes handled . U.S. Michael S. e. S. Bellen, and C. C. C. The second secon THE RESERVE AND DESCRIPTION OF STREET Sheet I . The miles willed the particular to the



		9429 CERTIFICA	TE OF DEATH		
NAME OF DI		Clarence		be 9, 1965	5:50 a.m.
FULL NAME HOSPITAL O INSTITUTION	OF (If not in hospitol or oddress or locotion) St. Joseph I	r institution, give street	Maryland c. city or town (if our Baltimore #:	tside city limits, write 13 rurol, give locotion)	RURAL and give township)
- SEX	6. RACE 7	. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hr Months Doys Hours Min.
	Negro CUPATION (Give kind of work) of working life, even if relired)	Single OR KIND OF BUSINESS OR INDUSTRY	Sept. 6, 1965 11. BIRTHPLACE (Stote or fore Baltimore, Md.	ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N.	AME		14. MOTHER'S MAIDEN NA		
Leroy	A. Johnson		Naomi Mosle	эу	
5. Was Deceas Yes, no or unkno	ed Ever in U. S. Armed Force wn) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(This does heart foilur injury or c DISEASES rise to UNDERLY!	ASE OR CONDITION DIRE LEADING TO DEATH not meen the mode of e, osthenio, etc. It meens to omplication which coused of the county of the count	dying, e.g., he disease, death.) (B) DUE TO ny, giving stoling the (C)	naturity		
	R CONDITION CAUSING IT. OF OPERATION 198. COND. WAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
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21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID IN	URY OCCUR?	
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23C. PHYSIC NAME	IAN'S		1400 N. Carolin	ne St. 212	13

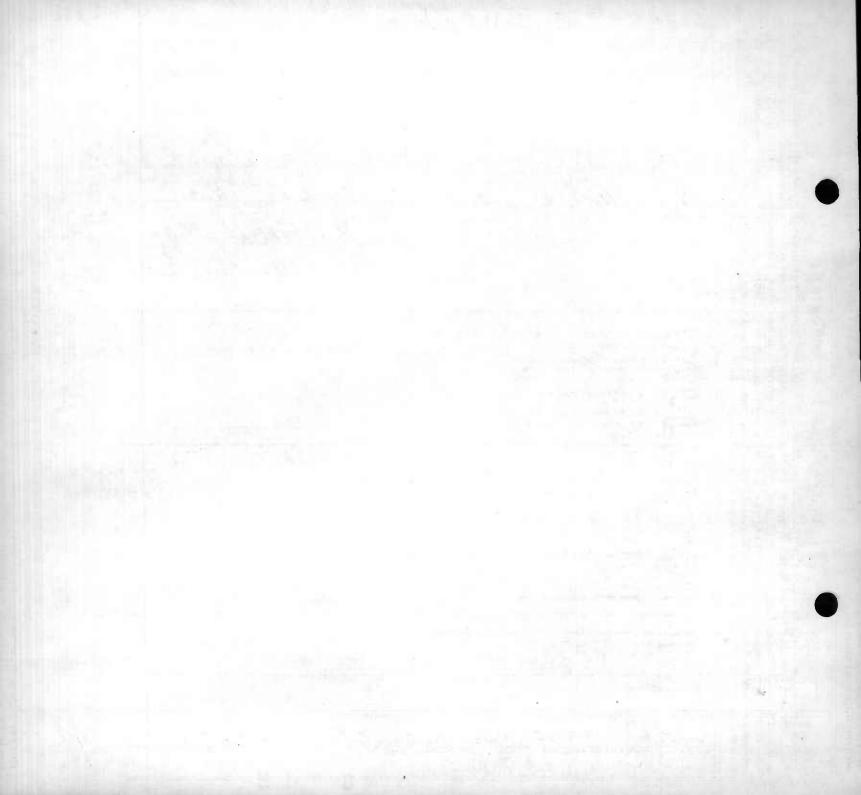


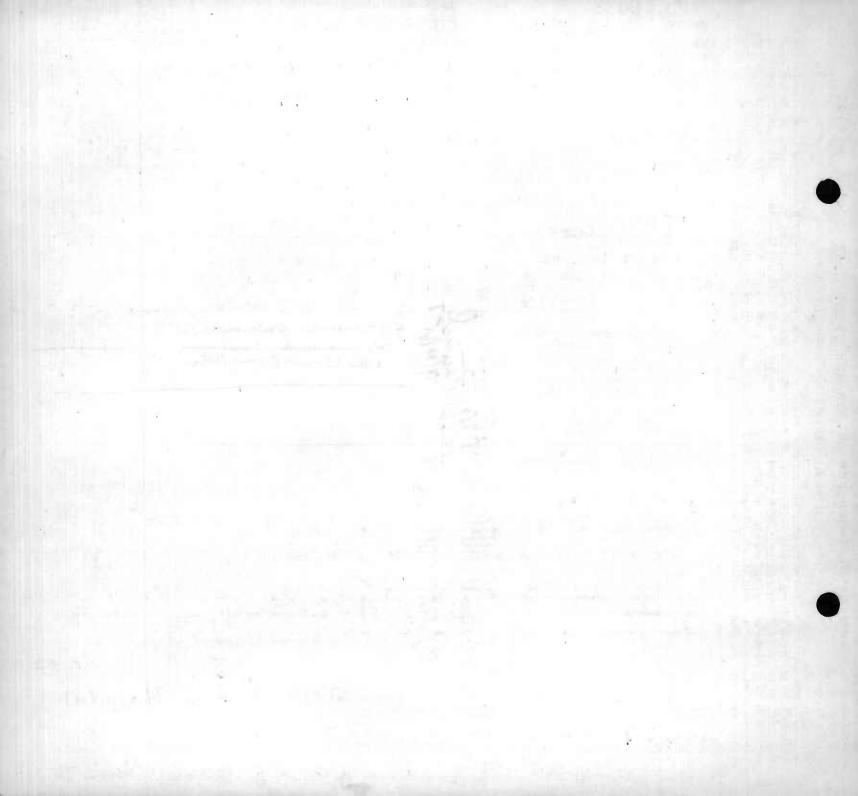
	1.5	-22000 65	9420		HEALTH DEPARTMENT		65 9430 x
	CASE NO.	32000	0400	CERTIFICA	TE OF DEATH	Registered No.	
1. N.A	ME OF DEC	EASED				ND HOUR OF DEATH	
Туре	or Print)	Baby (A)	Boy Pat	terson		-8-65	1/2:18 P
3. PL	ACE OF DEA	TH IN BALTIMORE, MA	RYLAND	002001	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceosed lived. Il i	nstitution: residence before admission
61	III NIANAE O	E /If and in boarded				NU	27AI
H	JLL NAME O	F (If not in hospital and oddress or location		street	C. CITY OR TOWN (IF a	utside city limits, write	RURAL and give township)
IN	ISTITUTION						No NAL ONG GIVE TOWNSHIP
5					D. STREET ADDRESS	frural, give lacation)	
S	outh Ba	ltimore Gener	al Hospit	cal	3706 Parkside	nrive Ral	to. 6. Md.
5. SE		6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Days Haurs Min.
M	ale	White		IVORCED (specily)	9/6/65	lost birthday)	
			S. 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12, CITIZEN OF
		working life, even if retired)					WHAT COUNTRY?
3. F.	ATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	AME	
	Georg	e M. Patterso	on		Sylvia Simmor	าร	
s. W	as Deceased	Ever in U. S. Armed Fore	es? 16	SOCIAL	17. INFORMANT		ADDRESS
, 63,	no or onknown	(If yes, give wor or dote:	of Selaicel	SECURITY NO.			
1	B /	2 4-1		CAUSE O	F DEATH		INTERVAL BETWEEN
	B. 76	SE OR CONDITION DIR	ECTLY	0.1002 0			ONSET AND DEATH
	DISEA	LEADING TO DEATH	ECILI	14	VALING MI	VMRHULL	36 HRS
		of mean the mode of		DUE TO	DISEASE'		
		osthenio, etc. It means			DISCHIC	*	
		ANTECEDENT CAUSES		(B)	REMATLI	rITY	
	DISEASES	R CONDITIONS, if	nny oiving	DUE TO			
1	rise to the	obove cause (A)	stating the	(C)			
-	UNDERLYING	G CONDITION last.					
7		II.					
9	TO THE D	FICANT CONDITIONS CO	TED TO THE	n. p 1	CHOPKELMOR	L. M.	
V		OPERATION 198 CON	T		1204 411-00000	51 PT	
CERTIFICATION	O ,	WAS PERF		CH OFEKATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEATH?
E 2	DIA ACCIDE	T WAS UNDERLYING	218 81	CE OF INITIBY (o. a. i.	or obout 21C. WHERE DID		1/E)
_	OR CONTRIBU	TING CAUSE OF	home,	arm, lactary, street, al	fice bldg. INJURY OCCUR?	tit in Bollimar	e City, give exact facation)
		medical exomined	etc.)				
	DE INJURY	(Manth) (Day) (Year)		JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
> (APPROX.		While /	Not White			
2	2 Leastify	that (1) (this haspital)			9- 6	19 65 to	9-8 19 65
1		tast sow the decease		9-8	1.0		
							nion deoth occurred on the do
			ed above. (I) (Y	fe) (did) (did not) v	iew the body ofter death.		Patrick and the state of
2	3A. SIGNATU	KE / / O /	0.		C. Submitted	6. 0	238. DATE SIGNED
	Celha	rel A Ho	fluon	M.D. Atte	ending Director Director	Staff Phys.	9-8-1965
2	3C. PHYSICIA	N'S ype)	UU		23D. ADDRESS	STORE 1	
		EDWARD S. H	OFFMAN. N	[.D. M.D.	South Balto. (en Hosn -	1213 Idaht St.
24A.	BURIAL CRE	MATION, 24B. DATE		of CEMETERY of CRE	MATORY 24D.		ity, tawn, ar county) (Stote)
0	REMOVAL	9-10-6	5 mol:	1/ EXAMINER	5 Office 9	2.11	101
25 A	DATE REC'D	RY HEALTH, DEPT			2SC. FUNERAL DIRECTO	OA 110.	1/10.
	SEP 1	4 1965 () Ox	25B. NAME OF	Descriptor.	25C. FUNERAL DIRECTO	K	ADDRESS
	06.		705	1 1 1	0 0 1 1		
/\$ 15	50-REV. 1/1/6	5		4-	The state of the s		



-	16	7	1	ı	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such	
	pital of d	Dece	e on	ath.	
	a hos	9; (5)	Idan	o de	
	l in c	cans	atter	ior t	4
	urrec	ined	ular	d p	ade.
J	h occ	term	reg	cease	n is m
	deat	Unde	as in	e de	ositio
F.	nt if	1; (4)	th w	n th	dispo
RTAI	sista	kind	dea	nce c	final
APO	his as	fany	nced	enda	d or
-	r or	ure o	ncuo	r att	alme
FUNERAL DIRECTOR: IMPORTANT	mine	fract	no pr	gola	emb
REC	l exa	(3) A	u w	in re	s are
LDI	edica	Jrns;	sicia	Was	main
ERA	ief m	dy bu	e phy	ician	he re
J. N.	by c	2) Bo	re th	physi	fore t
	by th	re; (whei	°N (d be
	oved e hos	, natu	cept	9) pu	taine
	appr to th	fany); al	pe op
	st be	ent o	spite	death	nust
	e mu	shows: (1) An accident of	was D.O.A. at a hospital	deceased prior to death);	written approval must be obtained before the remains are embalmed or final disposition is made.
	ficat	An (A. at	prio	Ippro
	certi	NS: (1	0.0	easec	Hen c
	This	sho	Was	dec	Writ

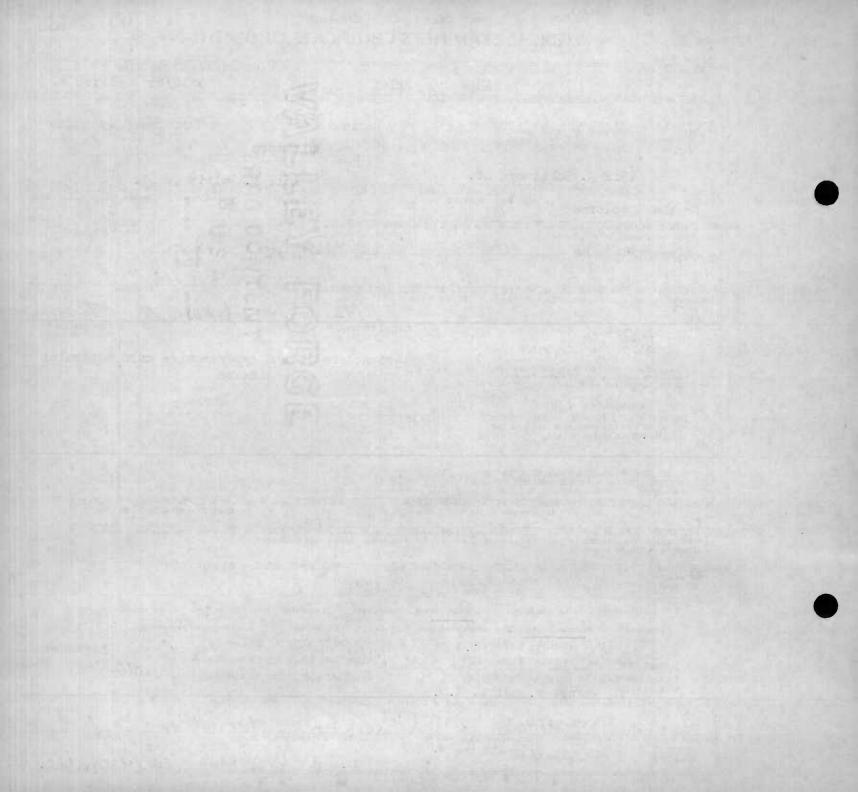
65-21938 65		TY HEALTH DEPARTMENT		65 9431 /
M.E. CASE NO.	9431 CERTIFIC	ATE OF DEATH	Registered Na.	0 101 7
FULL NAME OF HOSPITAL OR INSTITUTION	Boy Jackson institution, give street	4. USUAL RESIDENCE (Who A. STATE 8. COUN		25-32
South Baltim.	OFE GENEFALH	D. STREET ADDRESS (III	Uin woo	A C+,
10A. USUAL OCCUPATION (Give kind of wark) 10 dane during most of warking lite, even it retired)	OB, KIND OF BUSINESS OR INDUST	19-1-65	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ma la	ekson.
15. Was Deceased Ever in U. S. Armed Farce (Yes, na ar unknawn) (If yes, give war ar dates	al service) SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECT	CTLY	OF DEATH REMATURIT	V	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il on rise lo the obave cause (A) s UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.	NTRIBUTING (C)			
	TION FOR WHICH OPERATION RMED ACTIVE LAR OF	20A. AUTOPSY? (Yes at No	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH? City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	hame, form, factory, street, etc.) (Haui) 21E. INJURY OCCURRED While At Not W Work At Wo	office bldg., INJURY OCCUR?		ory, give extent tocomen
22. I certify that (計(this haspital) that (計(we) last saw the deceased and haur and fram the causes state)	attended the deceased fram	9-/ 19-6-5 and th	19 65 ta	9-/ 19 19 on death accurred an the
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Edward S.	offman M.D. A	Attending Med. Director 23D. ADDRESS	Stoff Phys.	3B. DATE SIGNED 9-2-65
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of C			town, or county) (Si
CREMITED 9-9-65 25A. DATE REC'D BY HEALTH DEPT. 2	Medical Examiner 58. NAME OF REGISTRAR 7. To Daniel	25C. FUNERAL DIRECTOR	BALTa.	ADDRESS
VS 150-REV. 1/1/65	- CONTROL OF	0 0 1 5		



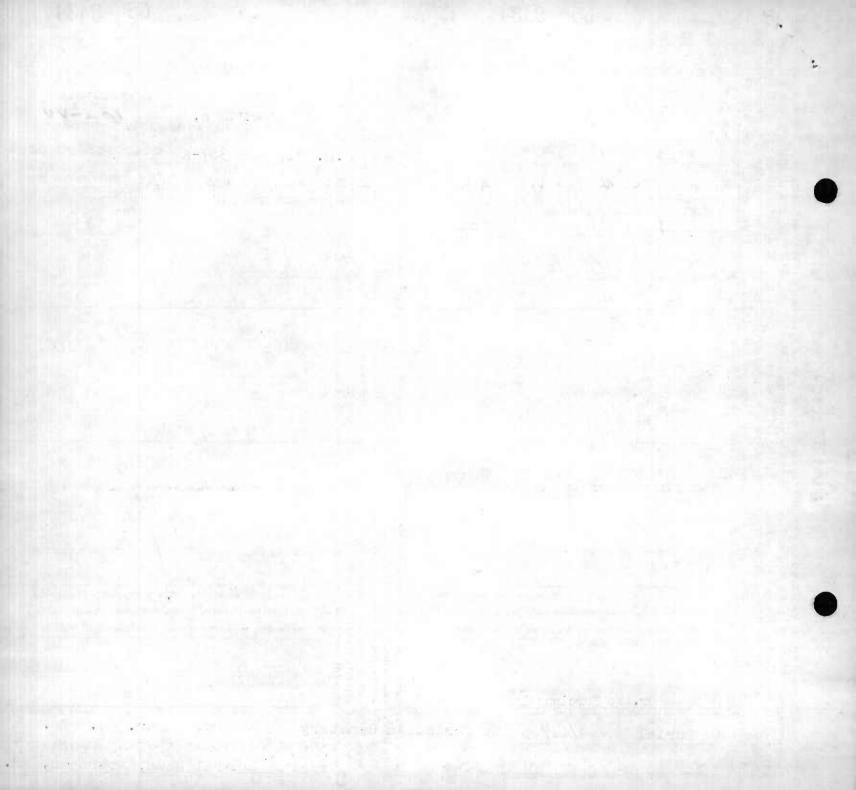


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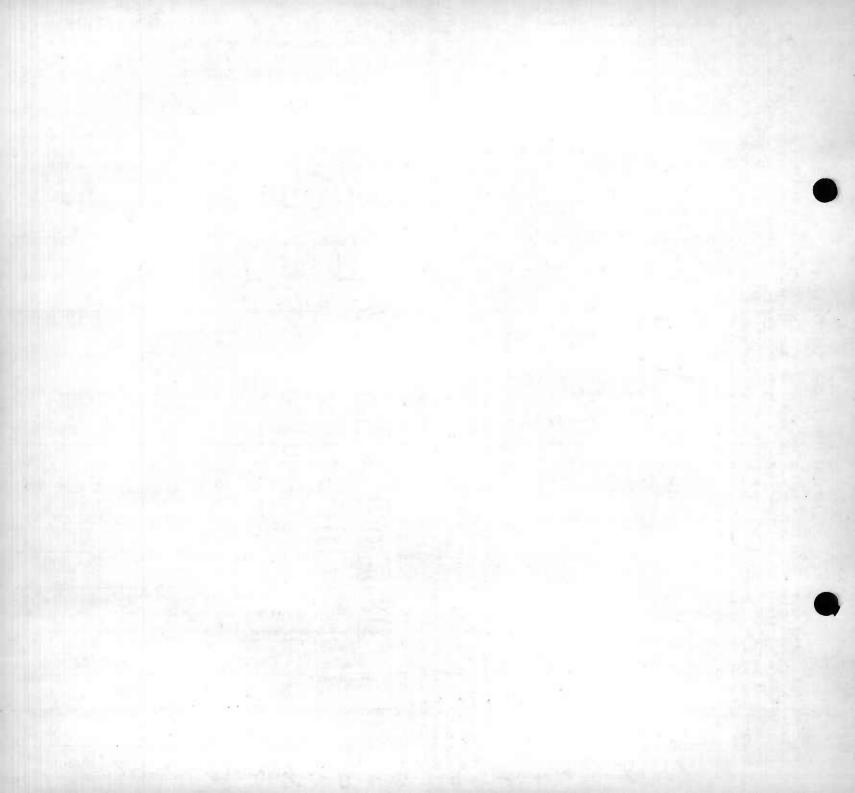
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
T. NAME OF DECEASED (Type or Print) MARTE PRIC	2. Date and hour pronounced dead 9/10/65 11:30 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	1 1
	D. STREET ADDRESS (If rurol, give locotion)
1512 E. Baltimore St.	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1512 E. Baltimore St. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
female colored WIDOWED, DIVORCED(specify)	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if refired)	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charle F WENT	Bertly Jenkins 17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS . /
No	MAllie Williams 1228N. Luzernal
hs. / // CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Arter	iosclerotic and hypertensive cardiovascular
(This does not mean the mode of dying, e.g., DUE TO	disease
injury or complication which coused death.)	4250450
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
_	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OF CONDITION CALIFORNIA	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	office bldg., INJURY OCCUR?
7	OLF HOW DID INVIEW ORGANIS
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AT NOT WORK AT W	WHILE O
22.	
	topsy ond that on this bosis, death in my opinion
resulted from: Natural couses X Accident Suicid	le Homicide Undetermined monner
1111 /-/	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE WENGEN-EN M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9/10/65
NAME (Type) Werner U. Spitz, M.D.	
23A. BURIAL CREMATION, 238. DATE 23G. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	JAC. FUNERAL DIRECTOR ADDRESS
SEP 14 1965 Robert E. FarbeyM.R	F.O. Wilson ino Bira Man A

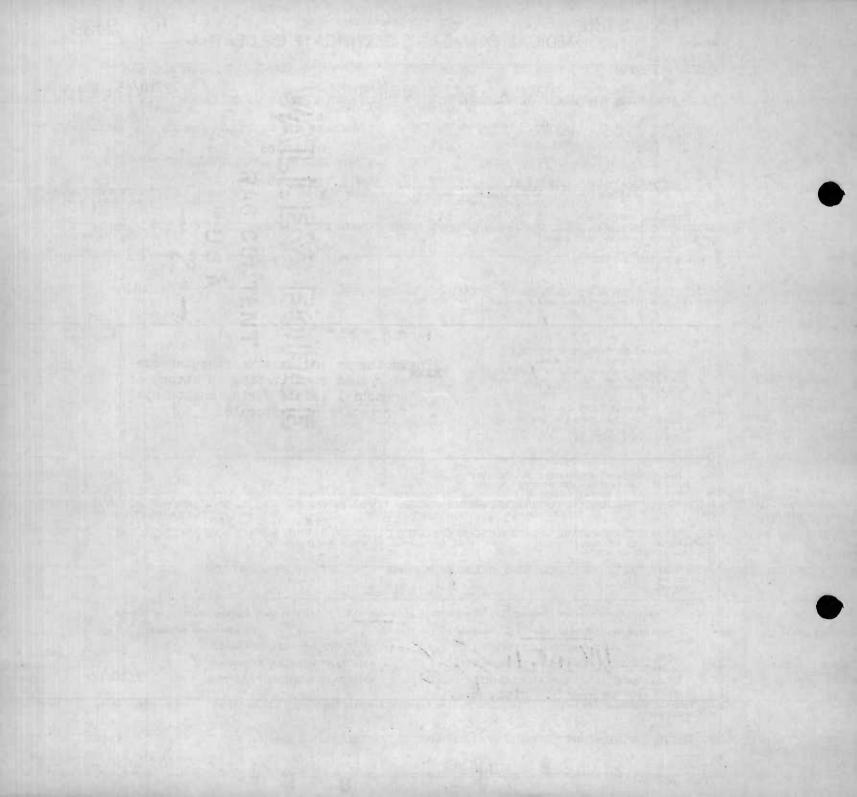


1		65 \$	9434		HEALTH DEPARTMENT		65 9434
	TH NO.	00	7101	CERTIFICA	TE OF DEATH	Registered No	00 0101
1	Pe or Print)	EASED	0.,		2. DATE	AND HOUR OF DEATH	2 1 10 100 7
	Guller	ON MARU	RYLAND CC	1	4. USUAL RESIDENCE (V	SEPTEMBLE Where deceased lived. If	institution; residence before odriis
					A. STATE B. CC	אַדאַעו	12 de l
	FULL NAME O HOSPITAL OR INSTITUTION	oddiess of location	or institution, give	street	C. CITY OR TOWN HE	outside city limits, write	RURAL and give township)
	INSTITUTION				34941124004	berdeen,	<u>હારાજ્યાં માર્કીન્યું નામુક્તિ કેરી કેર્યા</u>
	Maria	EBELLO HO	050: 141.	- 17-47	D. STREET ADDRESS	(If rurol, give focotion) Box 367-A	Carrow Hadrest
1 90 1	SEX	6. RACE	7. MARRIED, NEV		R.D. #1,	9. AGE (In years	If Under 1 Yr., If Under 24
	F	W	WIDOWED, DI	IVORCED (specify)	5-6-16	lost birthdor	Months Doys Hours Mi
		UPATION (Give kind of work working life, even if retired)	108 KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACI (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Hoo	use wife	Hon	ne	Pa.		4.5.
1	FATHER'S NAM	AE .			14. MOTHER'S MAIDEN	NAME	
	WILLIA	M KLIME			EMILY.	Hubler	ADDRESS
(Wos Deceased	(If yes, give was or date	es of service)	SECURITY NO.	17. INFORMANT	11 12:11	ADDKE22
	No	NO		CAUSE OF		N Keith	INTERVAL BETWEEN
	18.	I CONDITION OF	DECTI V	CAUSE OF	DEATH		ONSET AND DEATH
	DISEA	LEADING TO DEATH		in Ca	scimma,	Servix Sta	acto sters
		nat mean the made of asthenia, etc. It means		DUE TO		· · · · · · · · · · · · · · · · · · ·	
	injury or con	nplication which caused	d death.)	481			
ŀ		ANTECEDENT CAUSES		DUE TO			
	rise to the	or conditions, if a bave cause (A)		(C)	8 00 000 00 00 00 00 00 00 00 00 00 00 00 00 00	· y úg = 0 /wyt00x wd00 0 000 0 00000000000000000000000	
	UNDERLYING	G CONDITION last.				11/2/19	
	OTHER SIGN	IFICANT CONDITIONS					
	DISEASE OR	CONDITION CAUSING	IT		162		
	19A. DATE OF	OPERATION 198. CON	NDITION FOR WHITE	CH OPERATION	AUTOPSY? (Tes of	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
	21A. ACCIDE	NT WAS UNDERLYING	21B. PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DIE	(If in Boltime	ore City, give exact location)
		JTING CAUSE OF medical examiner	elc.)	arm, racialy, street, att	ice sings, liks okt. OCCOR		
	21 D. TIME	(Month) (Doy) (Year)		URY OCCURRED		INJURY OCCUR?	
	OF INJURY (APPROX.)		White A Work	Not While		A SECOND	,
	22. 1 certify	that (1) (this hospita	I) ettended the d	leceased from C	pul 26	19 Ob 10 X	Tef4/1 196
	that (I) (we)	Jost sow the decease	ed olive ond	lep4 11	19.65 one	that in (my) (our) of	olnion death occurred on the
ı			ited obove. (1) (W	(did) (did not) vi	ew the body ofter dea	th.	
	23A. SIGNATU		A. 1/00	M.D. Atte	nding Med.	Stoff -	23B. DATE SIGNED
		el. lo acenen	elle	Phys		Phys.	Seft. 11, 19
	PHYSICIA NAME (1			M, D.	M - V	hillo Ho	24 ITAL
	A. BURIAL CRE	MATION, 24B. DATE		of CEMETERY OF CRE	MATORY 1241	- cucco	City, town, or county) (Sto
	REMOVAL	Specify)		hristian (Joppa,	Har. Co. Md.
ŀ	Burial	BY HEALTH DEPT.	25B. NAME OF R		25C PUNERAL PIREC	In 1	ADDRESS A
	SFP 15	1965 A P. B	C.T.O.	A.A.	Tarring	W. L-+ 1/6	me, Aberdeen,
V	150-REV. 1/1/	7 1 W	ic, Nowe	5 0	Brack Ting	O I III	,



) 1. N	CERTIFICATE OF DEATH Registered No. 100 GATE NO. 2. DATE AND HOUR OF DEATH CLARENCE W. BATH GATE A 9-9-65 648
0	LACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before orm A. STATE B. COUNTY Where deceosed lived, If institution: residence before orm A. STATE
,	OSPITAL OR oddress or location) NSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township) BAITIMORE
de.	1522 Phun ST D. STREET ADDRESS (If rurol, give location) 1522 Phum ST.
B B S S	Months Doys Hours / 1-24-1902 63
done	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? FORMAN DAV. Chem Co. M.D.
ods	Charence BATHGATE MAY DRACGER
15. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
d or fi	18. 199 CAUSE OF DEATH INTERVAL BETWEE ONSET AND DEAT
almec	LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, ashenia, etc. II means the disease,
emp	Injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO
ains are	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) sloting the (C)
Temain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CONTRIBUTION CAUSING IT.
2	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) (If in Boltimore City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 21E. INJURY OCCURED While At Not White At Work
	22. I certify that (1) (this hospital) attended the deceased from Sunce 15 1962, to Sefet 9 196 that (1) (we) last saw the deceased alive an 9/8/60 19 and that in(my) (aur) apinion death accurred on the
death) must be	and hour and fram the causes stated above. (I) (We) (did) (did nat) view the body after death. 238. DATE SIGNED
	M.D. Attending Med. Stoff Phys. 9/10/65 23C. PHYSICIANS NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS
24 A	Samuel Rubin, M.D. M.D. 203 Patapseo Avenue Balto., Md. 21225 Burial Cremation, 24B. Date 24C. NAME of CEMETERY of CREMATORY 24D. Location (City, lown, of county) (S)
L	Burial 9-13-65 Meadoured ge Com Brito. (Elkudge) MT
25A	SEP 15 1965 (P.D. & E. Farker M.) SEP 15 1965 (P.D. & E. Farker M.) MCCVILLY France L. Mr. 237 March





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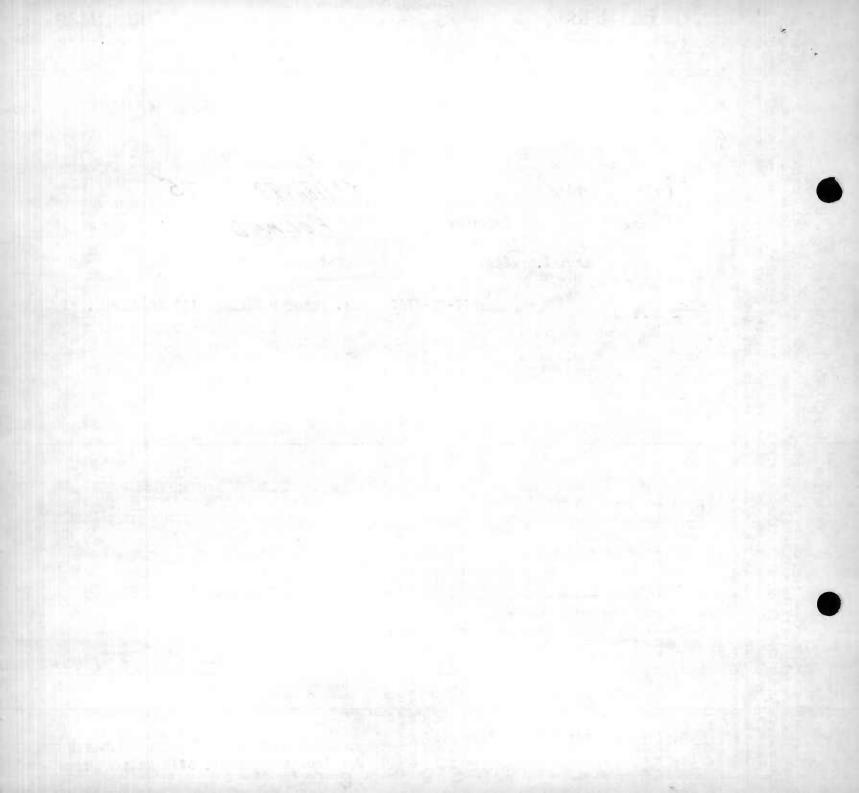
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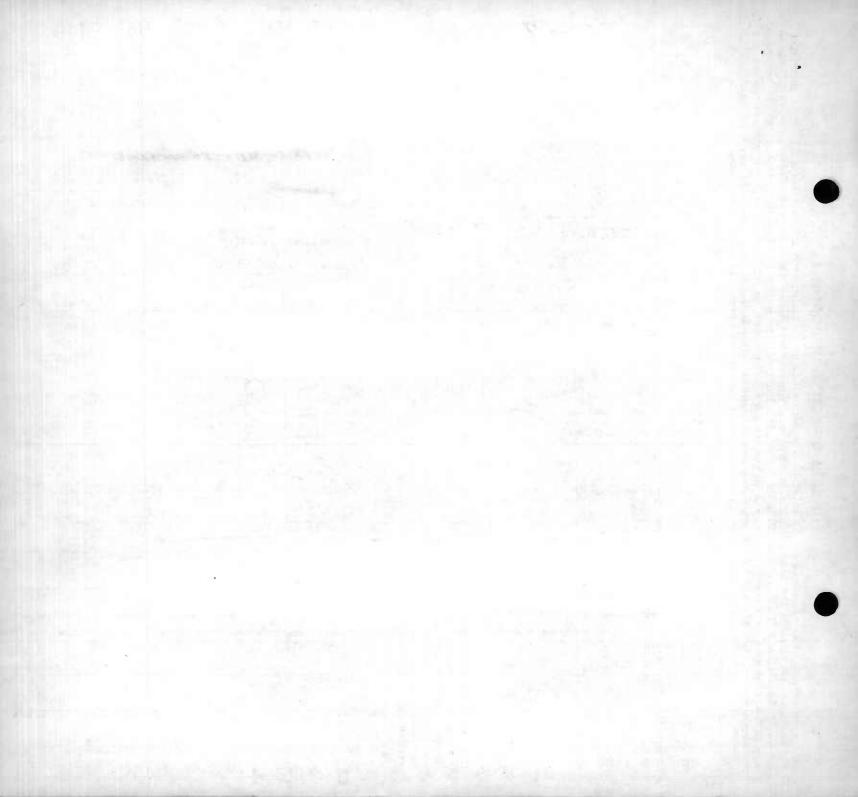
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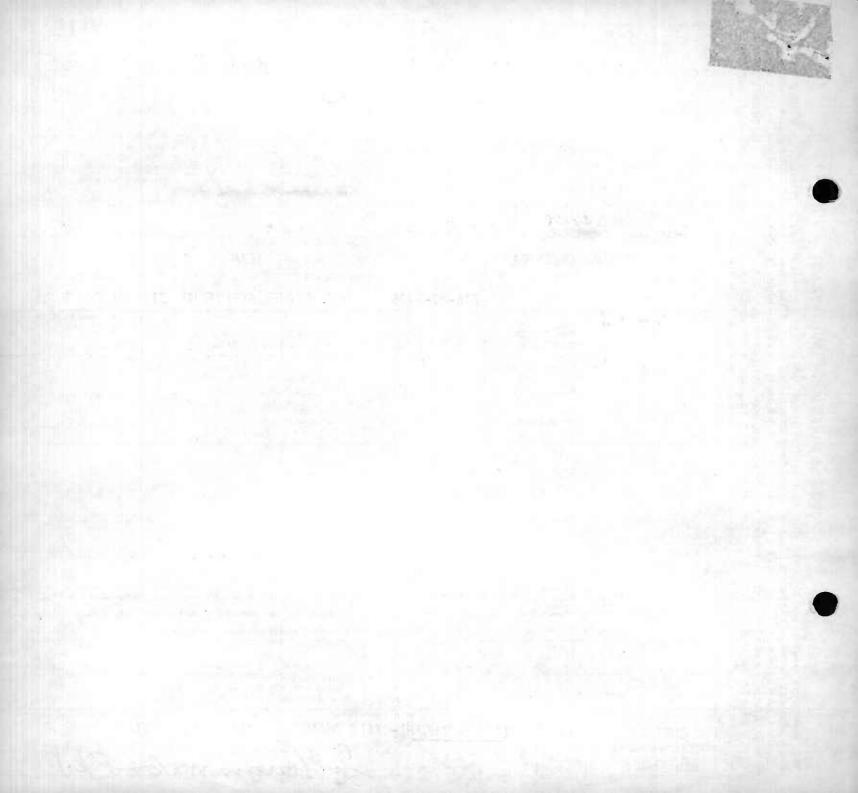
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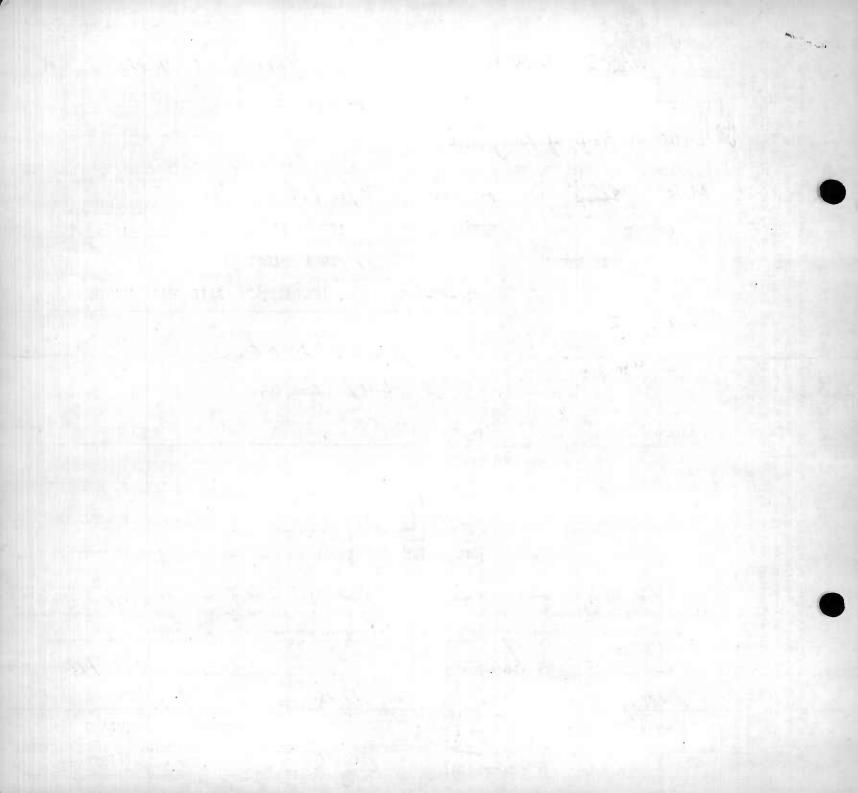


V\$ 150-REV. 1/1/65



a hospital and

BIRTH NO. 65 94	42 CERTIFICA	TE OF DEATH	Registered No.	65 9442
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) TACO O 111	D 14: 44	2. DATE ANI	HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYL	KOM.	4. USUAL RESIDENCE (Where A, STATE B, COUNT	deceased lived. If i	mstitution: residence before admission)
FULL NAME OF ()f not in hospital or HOSPITAL OR oddress or location)	institution, give street	MARYLAND	91	RURAL and give township)
Lutherun Hosp of,	Maryland.	2	urol, give location)	
5. SEX 6. RACE WhITE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)		11. BERTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
GROCER 13. FATHERS NAME	KLIAIL	14. MOTHER'S MAIDEN NAM	A.E.	M.S.A.
BARRY BURKOM		MINNA GOLDS	TEIN	
IS. Was Deceased Ever in U. S. Armed Forces	? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes o	216-03-9676	MRS. LEAH BURK	OM 3011 WS	LIE AVENUE
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the made of dy heart failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any mise to the above cause (A) structure to the above cause (A) structure to the above cause (A) structure to the above cause (B) of the DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.)	ATRIBUTING D TO THE T	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C/	FINDINGS CONSIDERED AUSES OF DEATH? Te City, give exact locofion)
22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased and hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	abave. (1) (We) (did) (did not) which is made of CEMETERY of CR	ond the view the body ofter deoth. ending Med. pirector 23D. ADDRESS Lutheran EMATORY 24D. LC	Slott Phys PLOS PO F	
BURIAL 9/12/65	BETH ISRAEL B. NAME OF REGISTRAR E. FOSIONIST O	loso sunspan	ALTIMORE BROS.INC.	6010 REISTERSTOWN RI



-1		BALTIMORE CITY	HEALTH DEPARTMENT	73	65 9443		
	BIRTH NO. M.E. CASE NO. 65 9443	CERTIFICA	TE OF DEATH	Registered No.	00 3443		
П	1. NAME OF DECEASED (Type or Print) Clark John T	HOMAS	1/1-	21 U) -	63° A.M. M.		
	FULL NAME OF (If not in hospital or institut		Maryland	TY I I I I I I I I I I I I I I I I I I I	titution: residence before odmission)		
	HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If our	Iside city limits, write RL	URAL and give township)		
	plant i			rurol, give location)			
	The Johns Hopkins Hos		608 North Madeira Street				
7	Male Negro Ma	RIED, NEVER MARRIED DWED, DIVORCED (specily) ATTied	12-11-11	53	If Under 1 Yr. If Under 24 Hrs. Months Doys Haus Min.		
Zii	18A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
	done during most of working life, even if retired) 13. FATHER'S NAME		NORTH CA	ROLINA	u.s.a.		
2	Thomas Clark		Mollie Powe				
5	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of serv	SECURITY NO.	17. INFORMANT	A	ADDRESS		
	NO	229-09-5999	SERENA SILR	dVAN 721	STIRLING SI		
5	1B. 4-0.1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
3 .	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		MT				
	(This does not meon the made of dying, heart failure, asthenio, etc. 11 means the dise	e.g., DUE TO					
	injury ar complication which coused death.)	∆ A	9110				
5	ANTECEDENT CAUSES	(B) DUE TO	(JCV D	######################################	***************************************		
5	DISEASES OR CONDITIONS, if any, gi						
	UNDERLYING CONDITION lost.	***************************************	• • • • • • • • • • • • • • • • • • •				
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE					
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(II in Boltimore	City, give exact location)		
0	21D. TIME (Month) (Doy) (Yeo) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
3	(APPROX)	While At Work Not While At Work	· 🗖 /	11	1		
5	22. I certify that (I) (this bearital) oftend	ed the deceased from	9/11	19 63 10	1/13 1965.		
0	that (I) (was) lost sow the deceased alive		at in(my) (opr) opini	ian deoth occurred on the dote			
2	ond hour ond from the couses stoted obov						
	23A. SIGNATURE	Atte	anding Med.	Stoll	23B. DATE SIGNED		
3	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	rnys.	1/1-160		
2	GEORGE A.	SCHEELE M.D.	JOHNS H	OPKINS /	JOSPITAL		
3	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) REMOVAL (Specily)	C. NAME OF CEMETERY OF CRE	MATORY 24D, LO	CATION (City	, town, or county) (Stote)		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	77	ADDRESS,		
	SEP 15 1965 00 6 8 9	Falley Fo O 1	JUSEPH K	VIGHT 1639	N.BROAD WAY		

- I Maka

Lawrence Co.

YADV.

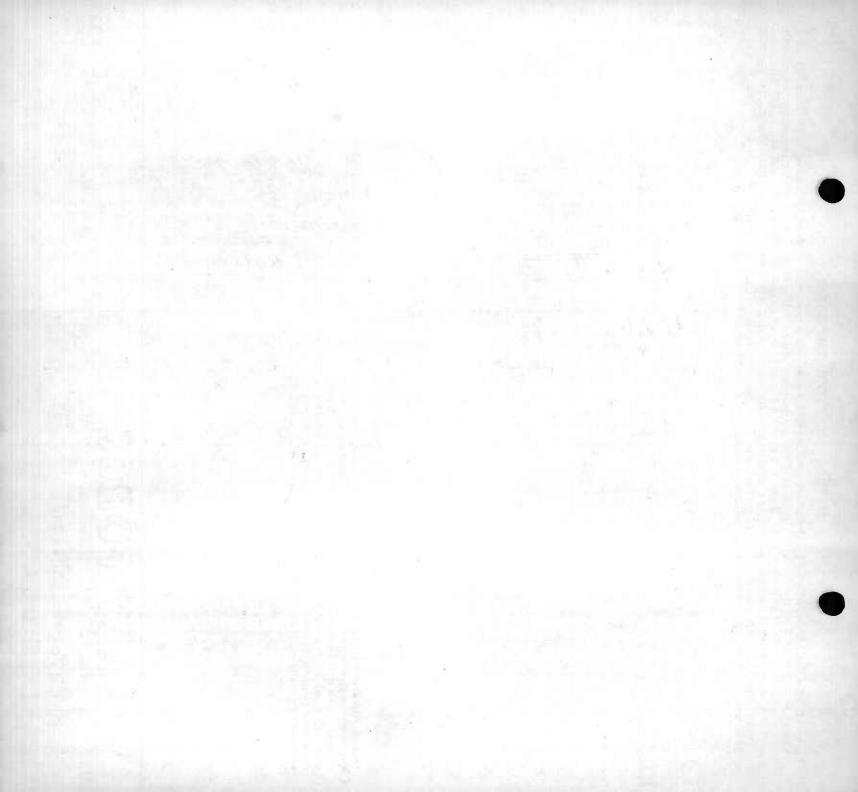
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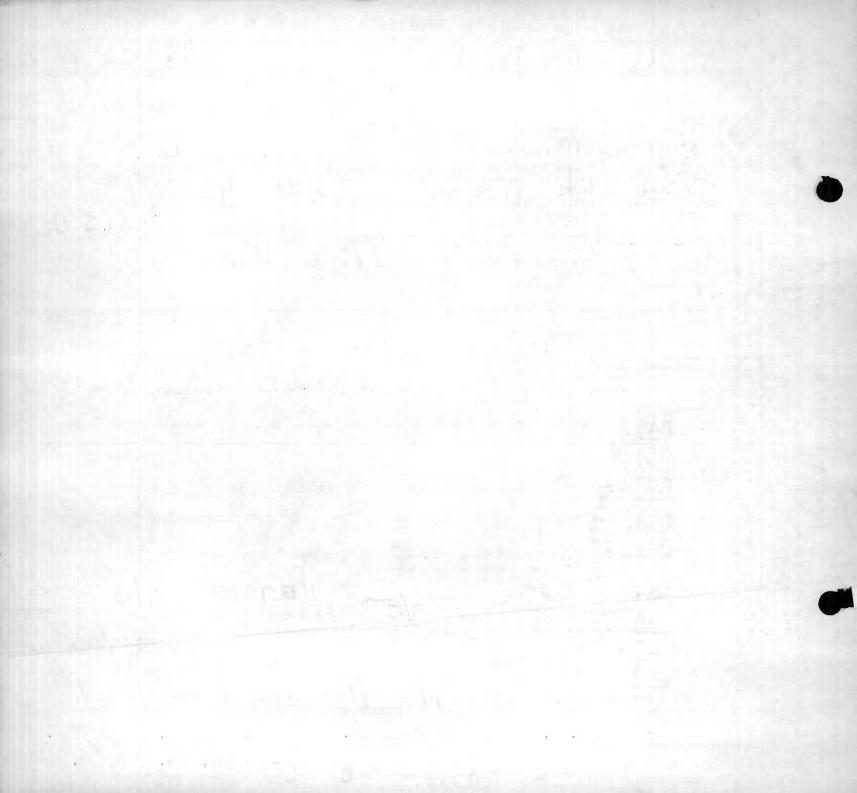
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DIRECTOR:

FUNERAL



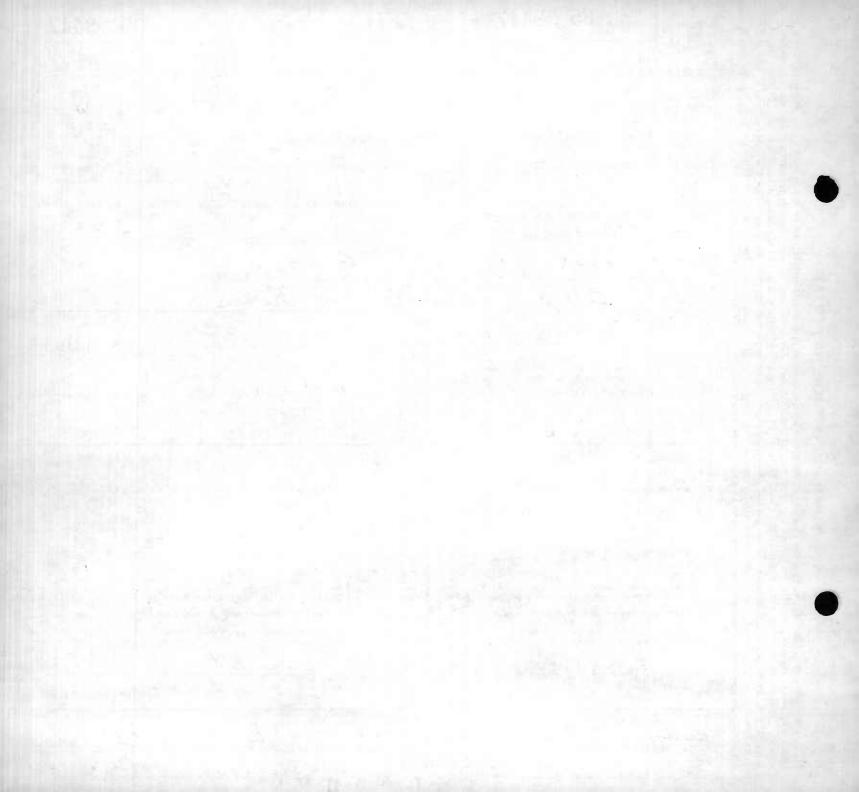
-	522	65 9445 BALTIMORE CITY HEALTH DEPARTMENT	5 9445
	70 9 2	BIRTH NO. CERTIFICATE OF DEATH Registered No.) 0110
	oital and of death Deceased e on the strike	M.E. CASE NO. 1. NAME OF DECEASED A 2. DATE AND HOUR OF DEATH	
	de de con	(Type or Print) Vorna Mac Swank	1945 1:05 A.M.
	of Obec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institut	utian: residence before admission)
	S 0 0	FILL NAME OF (If not in hospital or institution must sheet	Jacker St
	da (5)	HOSPITAL OR oddress or locotion)	marie
	car car end to	TO THE PART OF THE	AL one give lownship)
	f in a ng cause; attend ior to	D. STREET ADDRESS SIF tyrol, give location)	
	0	Baltmane, Maryland 601 Mulberry Las	æ.
	ibut ibut ined ined d p	5, SER 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 1	f Under 1 Yr. If Under 24 Hrs.
6	T E B E	themase Unite Wholes, DIVORCED Ispecify) 7/3/23 lost birthdoy	Aanths Days Haurs Min,
	o o o o o o o o o o o o o o o o o o o	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign caudity)	12. CITIZEN OF
	7 - 7 - 9 0	done during most of working life, even il retired)	WHAT COUNTRY?
	dea Unc Unc as e d	13. FATHER'S NAME	4.2.0.
	if dect war war the the	The state of the s	
5	# 2 2 2 2 2 3	reads factorism (cont.) Petrice vocation	
4		15. Wos Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS
\ \tau	the the kind dear		
MPORTAN	if if if	18. 270431 CAUSE OF DEATH	INTERVAL BETWEEN
9	· 6 0 0 E	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
_ ≥	- S 0 D + 0	LEADING TO DEATH	recent.
••		(This does not meon the mode of dying, e.g., DUE TO heart failure, osthenia, etc. II means the disease,	
OR	iner ner. actu pro ular mba	injury or complication which caused death,)	Jany 14v.
2	E = + 0 00 0	ANTECEDENT CAUSES (B) DUE TO	THOACK
5	xa x	DISEASES OR CONDITIONS, if any, giving	
2	ex (3) (3) in in	rise to the obove couse (A) stoting the (C)	
⊼	medical burns; hysicia in was		
7	medical medical burns; physician was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ERA	y by by physican	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
w	chied Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore Ci	DINGS CONSIDERED
5	ex + B		
5	the (2) ere o ph	CO CONTRIBUTION OF CALLEY OF	ity, give exact lacotion)
	アキッチスコ	DEATH (notify medicol examiner) OK CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?	
	d b	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not While	
	oved by a hospit nature cept wh nd (6) N	(APPROX.) White At Not While At Work	
	o b x x E to	22. I certify that (I) (this hospital) attended the deceased fram/	1/3 1965,
	dpp to the fan [(e	that (I) (we) last saw the deceased alive an 11/3 1962 and that in (my) (aur) apinion	1.0
	0 0 0 5 5	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death.	
	ust be dent ospit deat must	A A	B. DATE SIGNED
	a did	M.D. Attending Med. Stoff	9/13/65
			111010
	vas r An a prior	NAME (Type)	all
	E > 4 - 0	Jay Stephen Margaismo Ma-veneral Hos	المالمار،
	F 10 0 0 5	KEMOVAL (Specify)	thwn, or county) (State)
	This cert the body shows: (was D.C decease	Removal Sept. 14,65 Northumberland Mem. Park Stoneington,	Penna.
	This the bashow was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	E # 2 3 9 3	SEP 15 1965 0 5 5 0 0 Wm Cook - Brooks, Inc.	1217 St. Paul S
		VS 150-REV. 1/1/65 (Lovel E, Jaken M.)	



VS 150-REV. 1/1/65

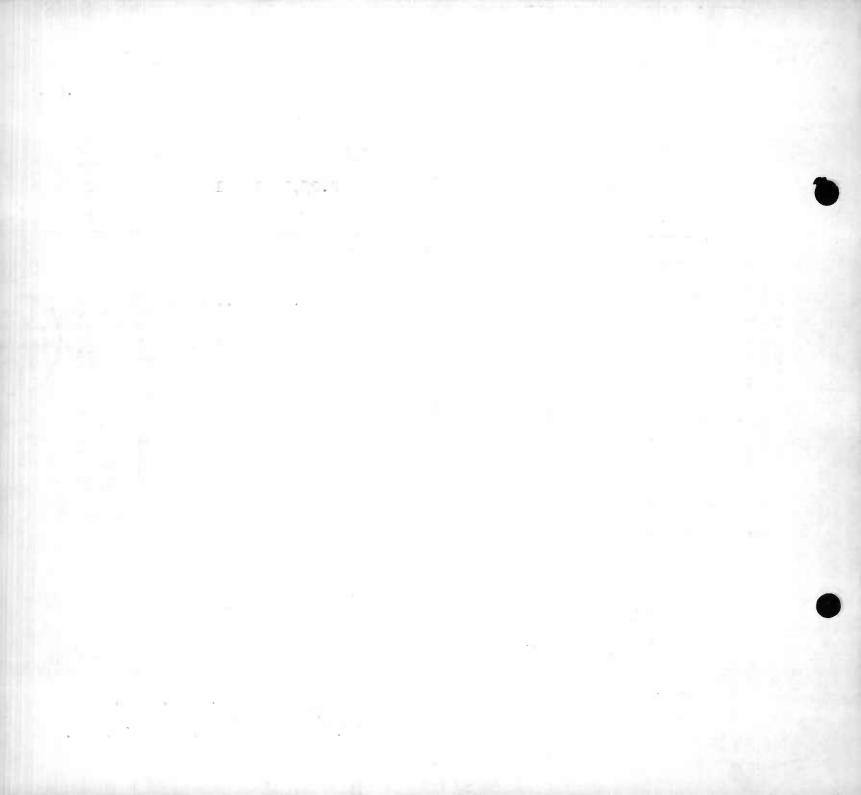
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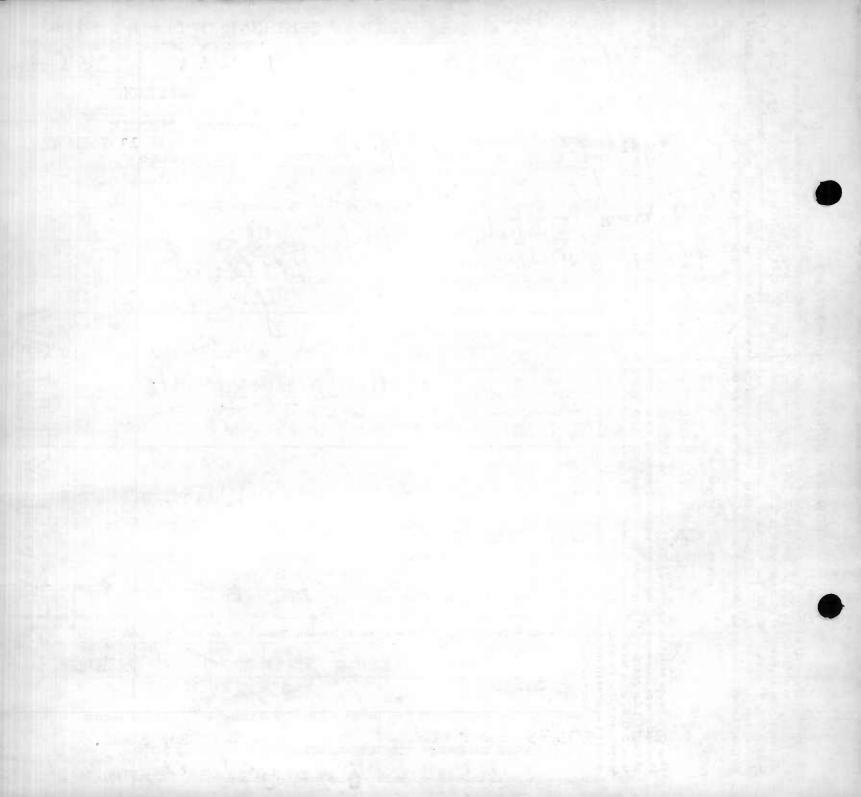


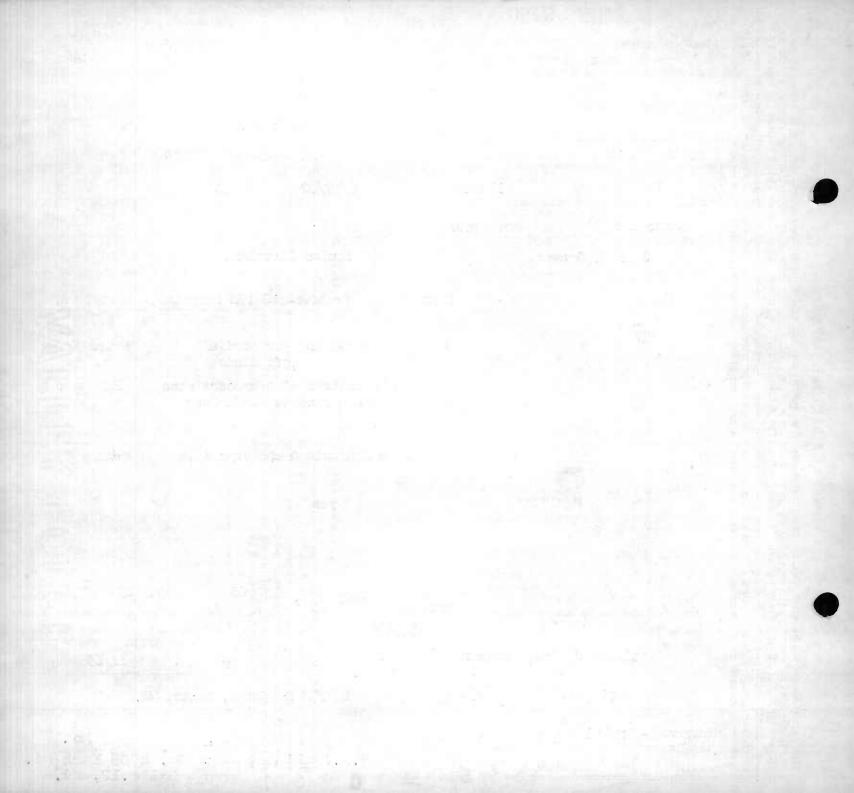
-			BALTI	MORE CITY HEAL	TH DEPAR	TMENT	- 1	Destate	, 65	944	18
BIR	RTH NO.	65 9448	3 CI	ERTIFICATE C	F DEA	TH	X	Registere	ed No		
T.	NAME OF DECE	Ve talina	Rec	gina Fe	rro		2. [DATE OF DEAT	2/65		
3.	PLACE OF D	EATH IN BALTIMORI	MARYLA	AND	11		(Where daceased live	ed. If institution	n: residence befor	e edmissio	n)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				A STA	rylar	COUNTY	222	B AI	JO.C	30.
	Da Hm	ore Eye	1 Ear	- 81hrous	C. CIT	OR TOWN	(If outside city	y limíts, write R	URAL and give to	ownship)	
\					Ped	44/4	HHHHHHHH	DUNI	DALK	53-	20
	Baltin	nove Mary	1an a	<u> </u>		PATAF	SCOTAVE		ive location)	2	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, D, DIVORCED (Specify) WIDOWED	8. DATE	O. 25,1	.883 P. AGE (In last biglide)	years y)	If Under I Yr. Months Days		
		PATION (Give kind of work	108. KIND (OF BUSINESS OR INDUST	RY II. BIRTI	PLACE (State of	or foreign country)		12. CITIZEN O		
do		working life, evan if ratired)	HOT	JSEWIFE	I	I taly WHAT COUNTR					
13.	FATHER'S NAM		1		14. MOT	HER'S MAIDEN	INAME				
	Fhn	ocent,	Otto	boni	Ro	(p)	1 - + +				
		ver in U. S. Armed Forces?	-110	16. SOCIAL	17. INFO	RMANT	191919		ADDI	RESS	
(Ye	No or unknown	(If yes, give war or datas o	of service)	NONE	MAR	IO F.	FERRO.,	AS IN	#4 AB	OVE	
	18.42			CAUS	E OF DEA	TH				AL BETWEE	
		OR CONDITION DIRECT	TLY	(. 01001	01-11 "	+ h h	neis	FM.	1.	0.6
	(This does no heart foilure,	t meon the mode of dyir osthenio, etc. It meons the	diseose,				thromb	03/3	6./10		<u>e</u> J
		aplication which coused	deoth.)	(B) 7	ther	osche	rosis				
		NTECEDENT CAUSES		DUE TO	in hyfirk week.						
Z	rise to the	R CONDITIONS, if ony obove couse (A) stat		(C)							
E	UNDERLYING	G CONDITION lost,									
TIFICATION	OTHER SIGNIE	 CANT CONDITIONS CON	FRIBUTING								
E	TO THE D	EATH BUT NOT RELATED NOTION CAUSING IT.									
2	IF OPERATION		A. DATE OF	OPERATION			ICH OPERATION		20. AUTOP	_	
	PART I OR PAR	RT II	9/1	9/8/65	WAS PERFO	6/4	ucoma		YES .	NO [1
MEDIC,	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examinar)	ho	B. PLACE OF INJURY (a.g ome, farm, factory, street, c.)		21C. WHERE		Baltimora City,	, give exact locat	on)	
	21D. TIME OF INJURY	(Month) (Day) (Yaar)		E. INJURY OCCURRED		21F. HOW D	ID INJURY OCCUR	7			
	OI III			VHILE AT NOT W							
	22. I certify	that (ID) (this hospita	I) ottended	the deceased from	a	agiust.				19.6	5. to
	1 01.	165		that (1) (we) last sa						1	963
	and that in	(m) (our) opinion de		3.0							
	23A. SIGNATU	RE and I	mila	M. D. 2	3B. ADDRESS	more	X Ear	HOS 10	23C. DATE SIG	NED	
	ATTENDING PH			PHYS.	1	214 E	utau 1	1	7/12	-/6	5
	A. BURIAL, CREI MOVAL (Spacify		24C. N	NAME of CEMETERY or CR	EMATORY		24D. LOCATION	(City,	town, or county)	(5	Stala)
	BURIAI		5 OA	K LAWN			BALTO.	. CO.	MD.	1197	
25		BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	250	FUNER DIR	ECTOR Suc	eller	A	DDRESS	
		5 1965 120	80	C. O. int	TW	BROOK	S BRADIE	Y, BU	NDALK,	MD.	
VS	150	4600	~ ~, ~	CONSCIONAL STATE							

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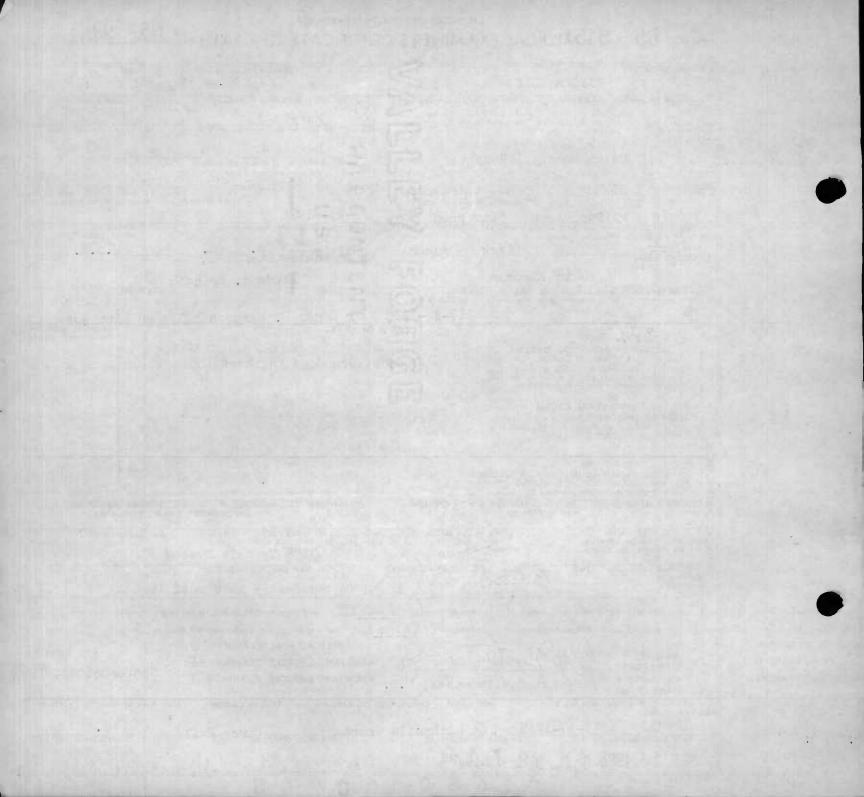


65 9449	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	-65 - 9449
I. NAME OF DECEASED.		2. DATE AN	NO HOUR OF DEATH	
(Type or Print) Young To	aul B	9	112.65	12:45 AM
3. PLACE OF DEATH IN BALTIMORE, MARYBAND		A. STATE B. COUN	VTY -	nstitution: residence before admission) TTMORE
FULL NAME OF (If not in hospital ar institut	ion, give street	Marylan	O DAL	THORE
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN Alf ou	1 1 1	RURAL and give township)
1 10	11/ +1	D. STREET ADDRESS (III	rural, give location)	1 13 YORKWAY
Mary and Genera	Hoppilal	THE WASHINGTON	Michigan to	tixe.
5. SEX 6. RACE 7. MARE WIDE	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	eign, country)	12. CITIZEN OF
dong to the most of variety styles even if retired)	el caupany	dear y land	d	WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Theodore 4. 40	lung	Mary on	Ber SIS	ry
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give war or dates of servi	ce) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	216-10-5551	HANDE Y	ning (4	vite)
18. 332 X I	CAUSE O	F DEATH	1/	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1001	re small th	romposi	5 24 hows
(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dise	e.g., DUE TO	i ^ 4 . /	1	
injury or complication which caused death.)	COND	Dun l Atherio	Saloros	15
ANTECEDENT CAUSES	DUE TO	01001/1000	2001~	
DISEASES OR CONDITIONS, if ony, gi		āpallakāsāsu vak sa 60 ģ. j. 5 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000000000000000000000000000000000000	
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBL				
TO THE DEATH BUT NOT RELATED TO	THE			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, aletc.)	or about 21 C. WHERE DID	(If in Bottimor	e City, give exact lacation)
21 D. TIME (Month) (Day) (Year) (Hour)	21 E INJURY OCCURRED	21 F. HOW DID IN	IURY OCCUR?	
(APPROX)	While At Work Not While At Work		,/	0 1
22. I certify that N (this hospital) attend	ed the deceased from	9.11.	19 65 to	7.10 145
that (1) (wa) lost sow the deceased alive	()	2 19 6 5 and th	not in (my) (our) op	nion deoth occurred an the dote
and hour and from the causes stoted abov	e. (1) () (did) (did not)			
23A. SIGNATURE		\		23 B. DATE SIGNED
1 X Xmaluon	M.D. Atte	nding Med. Director	Stoff Phys.	9.12.65
20C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	.~	
	M.D.			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	MATORY 24D. L	OCATION (C	ity, town, or county) (State)
	BURNS HILL	W	AYNESBORO,	PENNA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
SEP 15 1965 A O. 6 8	EARLER OF O	K Brevan	Es Droils	ejorach washingh
VS 150-REV. 1/1/65		0 7 0 5		2





BIRTH NO. 6	945MED	ICAL EXAMINER'S	CERTIFICATE OF D	EATH Registere	PNo. 9451
1. NAME OF DEC				HOUR PRONOUNCED	
	FRIEDA H			ember 13, 19	M.
		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de A. STATE Maryland	eceosed lived. If institu B. COUN	tion: residence before admission TY
OSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside	corporate limits, write R	RURAL and give township)
1	Union Memor	cial Hospital	Baltimore	0	1/0/
	onion nemoi	iai nospicai	D. STREET ADDRESS (If rurol, g		, –,
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs
female	white	WIDOWED, DIVORCED(specify) Divorced	7-23- 1926	lost birthdoy)	Month's Doys Hours Min.
	UPATION (Give kind of wor working life, even if retired)	108. KIND OF BUSINESS OR INDUSTI	Y 11. BIRTHPLACE (State or foreign	co untry)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Black & Decker	Baltimore Co.	Md.	U.S.A.
	Harry S	Simpson		. Grinath	
	D EVER IN U.S. ARMED	FORCES? 16. SO CIAL	17. INFORMANT	·• CILITADII	ADDRESS More of
No	July Size wor or dole	217-20-8028	Mr Edgar H. Sim	mgan 1007 D	White Marsh
1B. 0	71X		E OF DEATH	pson 1007 Re	INTERVAL BETWEEN
DISEASES RISE TO TH UNDERLYIN OTHER SIGN	ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTING (B) (C)			
19A. DATE OF		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FIND N CERTIFYING CAUSES YES	DINGS CONSIDERED S OF DEATH?
UNDERLYING CAU	L CAUSE WAS SOR CONTRIB- SE OF DEATH.	home home	in or obout 21c. WHERE DID (If office bldg., INJURY OCCUR? 3108 Tynd	in Boltimore City, give ale Avenue	
OF INJURY (APPROX.)	9 13 6	5 6.35b	WHILE X Aparently	shot self in	head
ACTUAI SIGNAT EXAMIN	L URE IER'S Rudige	nquiry Inspection Au	ond that on this Note that the state of the	bosis, deoth in my ndetermined manner AMINER	opinion
NAME (* BA, BURIAL CREE EMOVAL (Specify	MATION, 23B DATE	23C. NAME OF CEMETERY		CATION (City, to	own, or county) (Stote)
Burial		965 St. Michaella	Compton	II-22	Md.
	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	Cemetery Per	ery Hall	ADDRESS 36
SEP 15	1965. Robert	8 E. Farbuna	Lassohn Fu	nual Home	7401 Belaut
151-REV. 1/1/	65 185	1. 19 6 5 0 1	0 0 9 6 5		HEALTH HAR



BIRTH NO. M.E. CASE NO.	65	J40~	ATE OF DEATH	Registered No.	65 9452
1. NAME OF DE (Type or Print)	GUSTAF A S		SEP	TEMBER 13,	1965 4:55 P
FULL NAME HOSPITAL OR INSTITUTION	oddress or location	or institution, give street	MARYLAND C. CITY OR TOWN (IF	УПИС	RURAL and give township)
0	ST. AGNES	HOSPITAL		(If rural, give location)	
5. SEX	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH JAN. 7, 1897	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	CUPATION (Give kind of work t working lite, even it retired) TENANCE	10B, KIND OF BUSINESS OR INDUST	OHIO	oreign country)	12. CITIZEN OF WHAT COUNTRY? UNITED STATES
13. FATHERS NA			14. MOTHER'S MAIDEN N	AME	
15. Wos Decease (Yes, no or unknow	d Ever in U. S. Armed Form (If yes, give wor or dole	16. SOCIAL SECURITY NO. 217-18-638	17. INFORMANT	RECORDS WI	AVENUE LKINS AND CATON
18. /6	ASE OR CONDITION DIR	CAUSE	OF DEATH acute Myo		INTERVAL BETWEEN ONSET AND DEATH
heart failure	not mean the made of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES	death.)			arction. I Hour (APPROX
rise lo I	OR CONDITIONS, if the above cause (A)	any, giving Salaling the	BRUNCHOGENIC RIGHT LUNG-	CARCINOMA	5 MONTHS (Approximat
E TO THE	II HIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	ONTRIBUTING	DE LORF		(II)
19A. DATE C 19A. DATE C 21A. ACCID	3-65 BRONG	HOBENIC CARCINOMA.	POA. AUTOPSY? (Yes or NO NO obout 21C, WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TE City, give exact location)
DEATH (noti	OUTING CAUSE OF (y medical examiner) (Month) (Dayl (Year)	etc.)	office bldg., INJURY OCCUR?		
OF INJURY		While At Not W	rk		TEMPER 12
that (1) (we) lost saw the decease) attended the deceased from A nd olive on SEPTEMBER ted obove. (1) (We) (did) (1) (A) (A)	13 1965 ond	that in (my) (our) op	TEMBER 13 19 65 inion death occurred on the do
23A. SIGNAT		S 1	Attending Med. Director	Stoff Phys.	23B. DATE SIGNED 9-13-65
	THAMNOON	PENROACH M.	7		-, BALTIMORE 29, A
Burial CF	(Specify) 9/16/6	24C. NAME of CEMETERY of C	Park	Baltin	city, town, or county) (State)
SEP 15/15 150-REV. 1/1	1965 R.O. B	25B. NAME OF REGISTRAR HOLD	Ty Muse	Ba	elemore/mel 213

FUNERAL DIRECTOR: IMPORTANT

FUNERAL DIRECTOR: IMPORTANT

		Y HEALTH DEPARTMENT	C5 Q453
erth No. 65 94	53 CERTIFICA	TE OF DEATH Registe	ored N65 9453
NAME OF DECEASED / DOAL		2. DATE AND HOUR O	F DEATH
Type or Print) Gran (1)	illiams	SEPTEMB	ER 11 1965 4:45
PLACE OF DEATH IN BALTIMORE MARYLA	ND	14. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admissi
		A. STATE B. COUNTY	noth:
FULL NAME OF (If not in hospital or ins	titution, give street	C. CITY OR TOWN (If outside city lim	nits, write RURAL and give township)
INSTITUTION		Baltimore 7	ins, while KOKAL one give lownship
Haryland General 1	Hospital	D. STREET ADDRESS (If rurol, give to	cation)
o reaginity out to		8025 Liberte	21
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In last birthdoy)	yeors If Under 1 Yr. , If Under 24 I
F (11) "	VIDOWED, DIVORCED (specify)	5-7- 9P last birthdoy	Months Doys Hours Min
OA, USUAL OCCUPATION (Give kind of work 108.	101	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)	G 1 17		WHAT COUNTRY?
9	owson Court House	West Virginia	U.f.T.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert V. Sommerville	•	Margaret Lawson	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown](IIf yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	216-16-5741	Mag Helen King 3	25 Greenmerder Dr
No	CAUSE	OF DEATH	25 Greenmeadow Dr.
DISEASE OR CONDITION DIRECTI	Per	21 TONITUS &	ONSET AND DEATH
LEADING TO DEATH		THE INFORMATEUR.	- HATCHENIGE DAYS
(This does not meen the made of dying	g, e.g., DUE TO	AL ULGERS & PERF	SAATION
heart lailure, asthenia, etc. It means the injury or complication which caused deat		, .—	
ANTECEDENT CAUSES	(B)	MANAGE SHOP	DAL ABOUT 2 WKS
DISEASES OR CONDITIONS, if any,	DUE TO	AMONIA	
rise la lhe abave cause (A) slati	/u y a)	SIGMOID COLOR	V XEARS
UNDERLYING CONDITION lost.		W METASTASES	
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO THE X 07	ERIO SCLEROSIS	
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION		ES, WERE FINDINGS CONSIDERED
9/4/65 WAS PERFORM		IN CEPTIS	MING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,		in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	iffice bldg., INJURY OCCUR?	in bolimore City, give exact loconon
O DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Day) (Year) (He		21F. HOW DID INJURY OCCU	R?
(APPROX.)	While At Not Whi		
22. I certify that (I) (this hospital) att	ended the deceased from	ALLGUST ZR 19 65 11	SEPTEMBER 11 19 68
that (I) (we) lost sow the deceased of	Cara- 11		(our) opinion death occurred on the
			tool, opinion death occurred on the
ond hour and from the couses stated o	bove. (1) (We) (did) (dld not)	view the body ofter deoth.	
23A. SIGNATUR	10 - 40 4	ending Med. Stoff	238. DATE SIGNED
feer .	Ph;	ending Med. Stoff Phys.	9/11/05
23C. PHYSICIAN'S NAME (Type)	1 2 2 0 1 /	23D. ADDRESS	
JOSE C.	ARROYO M.D.	MARYLAND GEN	V, HOSPITAL ME
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State
REMOVAL (Specify)	Taridhi Dini C		
Cremation 9/14/65	Loudon Park Cres		
	O T. O.	Loring Byong \$720	ADDRESS
SEP 15 1965 R.C. 6	L. Sankey Milly 1)	101 Mg Pheth 0158	Liberty Rd. Randallsto
/S 1S0-REV. 1/1/6S		0 , 0 ,	



Loudon Park Com. 24C. FUNERAL DIRECTOR

Baltimore, Maryland

Walters Funeral Home Pratt & Stricker Sts.

16/65

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

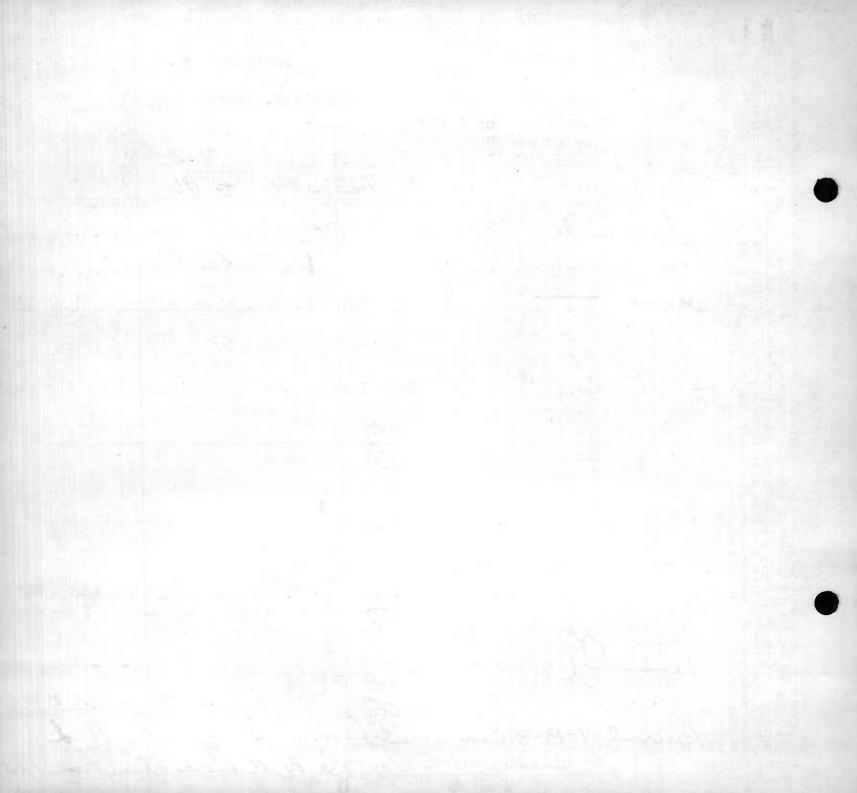
24B. NAME OF REGISTRAR

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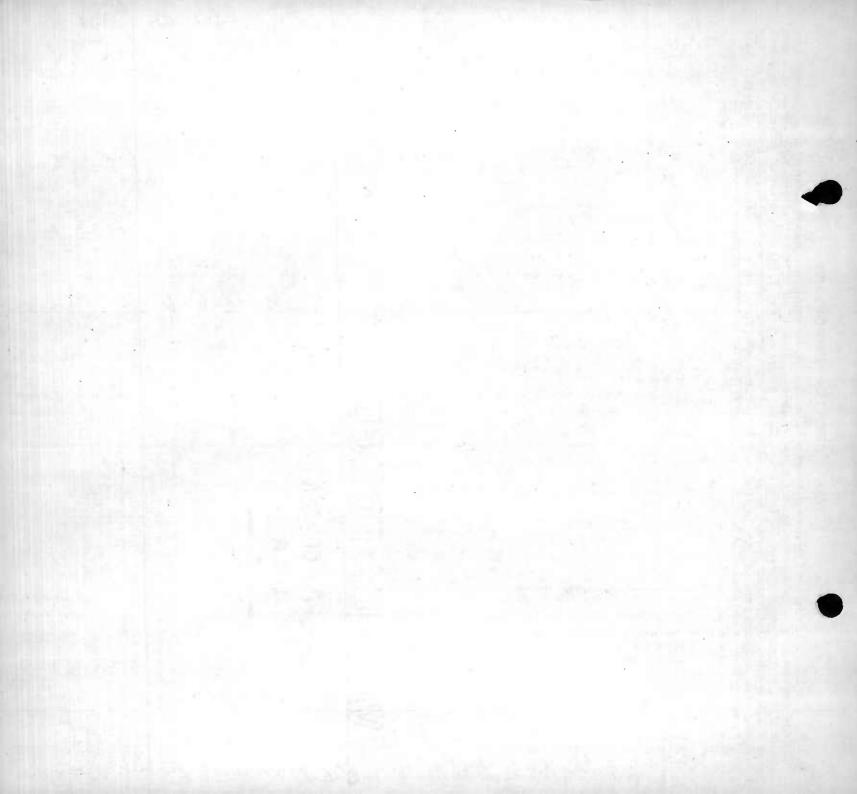
			BALTIMORE CIT	Y HEALTH DEPARTMENT		
-100	BIRTI	H NO. 65 54	CERTIFICA	TE OF DEATH Registered N	lo	
and eath ased the Such	1. N	AME OF DECEASED		2. DATE AND HOUR OF DEA	170 3 -3 -	
of do Dece	3. PI	CAVEY,	HARRY L	9 11 65	10:15A	
5 00	F	FULL NAME OF (If not in hospital ar institution, give street		MARYLAND BALTO.		
cause se; (5) andan	II.	OSPITAL OR address or location			ite RURAL and give township)	
/	0	ST AGI	NES HOSPITAL	D. STREET ADDRESS (If rural, give locotion)	55 70	
0				621 WOODHURST WAY		
mine gula sed mad	5. 51	MALE 6. RACE WHITE	7. MARRIED, NEVER MARRIED WINDOWS D. LEY PROCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 1 22 01 64	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	
decea ition is				11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?	
		SUPERVISOR OVER IT INTERES NAME	JOHN C STALFORD	MARYLAND 14. MOTHER'S MAIDEN NAME	WHAT COUNTRY:	
	13. F	BERNARD	PARKS	RHODA MORGA	N	
	15. V (Yes.	Vas Deceased Ever in U. S. Armed Fo no orunknown) (If yes, give war ar do	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
		JNKNOWN NO		376 ST AGNES HOSP RECO	RDS	
		18. 443 X I		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
		DISEASE OR CONDITION DE	TRECTLY	3. V. A	ONSEL AND DEATH	
		(This does not mean the mode a	(A)	***************************************		
		heart failure, asthenia, etc. It mean injury at camplication which cause	s the disease,	SCVD à actes	110	
	Ш	ANTECEDENT CAUSE	S (B)	home cana	***************************************	
		DISEASES OR CONDITIONS, if	any, giving	Theorewilm.		
		rise la the abave cause (A) UNDERLYING CONDITION last.	stating the (C)			
		ll l				
	ATION	OTHER SIGNIFICANT CONDITIONS	ATED TO THE			
	ICA	19A. DATE OF OPERATION 198. COL	NOITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
	ERTIFIC	Q	RFORMED	NO IN CERTIFYING	CAUSES OF DEATH?	
	U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in at about 21 C. WHERE DID (If in Baltin office bldg., INJURY OCCUR?	mate City, give exact lacotion)	
	EDI	21 D. TIME (Month) (Doy) (Year	Haui) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
		(APPROX.)	While At Not Wh			
		22. I certify that (1) (this hospita	al) ottended the deceased from	9 10 65 19 10	9 11 165	
		that (I) (we) lost saw the deceas	ed alive on 9 11	66	opinion death occurred on the dat	
		and hour and from the couses sto	oted obove. (1)/(We) (did) (did not)			
	L.	23A. SIGNATURE			238. DATE SIGNED	
		Della	M.D. At	tending Med. Stoff Phys.	9/11/65	
		23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	1	
		RAFAEL MARI	N M.D.	ST. AGNES HOSP. WILL	CENS & CATON AVES	
	24A.	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI		(City, town, or county) (State)	
	1	BURIAL 9/14	165 CATHEORI	RAITO	MI	
	25A.	DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Day FORT PI	
		2FL TO 1200 (1996	DE, Janky	4.5. MACNABB	SOITHEON. NZ	
	VS 1	50-REV. 1/1/65	1 9 5 5 0	0 8 7 6 7	21228	

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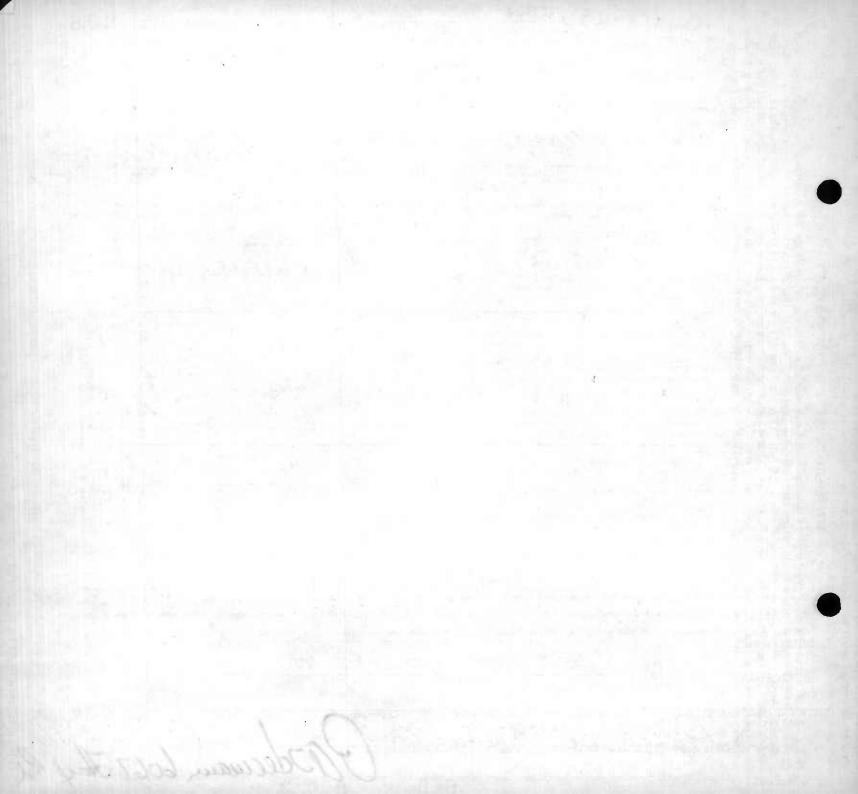
BIRTH NO. M.E. CASE NO. I.NAME OF DECEASED (Type or Print) Ora Clark 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF Oddress or location) Oddress or location ONE CASE NO. (If not in hospital or institution, oddress or location)	4. USUAL RESIDENCE (Whe	Registered Na. ND HOUR OF DEATH ember 19, 1965 7:20 P. N ere deceased lived. If institutions residence belore admissions
3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF HOSPITAL OR oddress or location)	4. USUAL RESIDENCE (Whe	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, oddress or locotion)		ember 9, 1909 7:20 P. ere deceosed lived. If institution; residence before admission NT
HOSPITAL OR oddress or location)		NTY
HOSPITAL OR oddress or location)		
INSTITUTION	grve street Maryland	Howard (Laurel utside city limits, write RURAL and give township)
Baltimore City Hos		raide city littles, while NORAL one give township?
4940 Eastern Avenu		rurol, give location)
Baltimore, Marylan	id, #21224 5th & Deca	tur Rd., #20810
WIDOWE	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. II Under 24 Hrs Months; Doys Hours; Min,
Female White V	Vidow 19-19-1888	B /6
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Of done during post of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fare	rign country) 12. CITIZEN OF WHAT COUNTRY?
hauseniche b	arkansas	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
Keny Edmand (weeper Gertre	ide Freeman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL 17. INFORMANT	ADDRESS
ma		. 4940 Eastern Ave. #2122
18. 42211	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Aspiration Pneum	onia 6 hours
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
ANTECEDENT CAUSES	(B) Arteriosclerotic	Heart Disease
DISEASES OR CONDITIONS, if any, giving	DUE TO	
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	***************************************
II		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		o) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21F	PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID	(II in Boltimore City, give exoct locotion)
▼ DEATH (notify medical examiner) etc.	PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID te, lorm, loctory, street, office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED 21F, HOW DID INJ	JURY OCCUR?
OF INJURY	ile At Not While	
We we will also the state of th		19 65 September 19 65
that (I) (we) last saw the deceased alive an.	1 + 1 A A - (F'	8
	() (We) (did) (did not) view the bady after death.	hat in(my) (aur) apinion death accerred on the dot
23A. SIGNATURE) (100) (did) (did not)-view the bady after death.	23B, DATE SIGNED
	M.D. Attending Med.	Stoll = Unit
V3C. PHYSICIAN'S	Phys. Director 23D. ADDRESS	Phys. XJ 9-10-65
		Assa Balta Ma #0400)
V3C. PHYSICIAN'S NAME (Type) TOTAL DD ACCO	* M.D. 1. 01. 0 TI	
DR. LEONARD QUADRACC	M.D. 4940 Eastern	
DR. LEONARD QUADRACC		OCATION (City, town, or county) (Stote)
DR. LEONARD QUADRACC: 24A. BURIAL CREMATION, 24B. DATE 24C, N REMOVAL (Specify) 3-12-65 E	ame of CEMETERY OF CREMATORY 24D. L	CCATION (City, town, or county) (Stote)
DR. LEONARD QUADRACC. 24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specily) 9-12-65 25A. DATE REC'D BY HEALTH, DEPTA 25B. NAME		ocation (City, town, or county) (Stote)



1-64)	MRTH NO. 65 9457 CERTIFICA	ATE OF DEATH Registered No.	9457
and	= 5 1	M.E. CASE NO. I. NAME OF DECEASED	DATE AND HOUR OF DEATH	
9 = 50	- ·	Type of Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If inst	13.45 PM
-	deat		A. STATE 8. COUNTY	Total residence before dopussion)
		FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or lacation) INSTITUTION	C. CITY OR TOWN All outside city limits, write RU	RAL and give township)
in a h ng cau	or do		D. STREET ADDRESS of rurol, give occitions	
₩ .=	- 6 6	Edgewood Nevising Home	130 Mr Cabe	Ave '
- 4 5 .	ad per made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ontri	0 0 0	10A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTI	4-3-85 80	12. CITIZEN OF
ath dete	0 0 0	dane during most of working life, even if retired)		WHAT COUNTRY?
90 5	EF - 10 1	3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	NSI
F = 55	the ispo	Gel Piariulis	Unknown	
AN Stan ind;	ai d	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ORTA assisto if the ny kin	fine	Mr.	John P. Ulbek	An alone
Po si sa any	ndo	DISEASE OF CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
IMP or his Also,	atte	LEADING TO DEATH	current decebral wascular	1 2 mks
** 5 2 5	lar o	(This does not meon the mode of dying, e.g., heort failure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	eurrent cembral wascular acclusions rebral arterioselerosis	
0 == 0	0 50 6	ANTECEDENT CAUSES (B) LL	ribral arteriobelerosie	5+2/20
EC.	wh are	DISEASES OR CONDITIONS, if ony, giving		
Calexal ex (3)	E .= 0	UNDERLYING CONDITION losi.		
Medical burns	physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CNER chief	0 0	DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	NDINGS CONSIDERED
Ch ch	hys		ne	City, give exact location)
# # 1 5 %	9	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	affice bldg., INJURY OCCUR?	
ved by hospite	3 73	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (ARREDOV) While At Not W	21F. HOW DID INJURY OCCUR?	
by ho	0 P 8	OF INJURY (APPROX.) While At At Wo		
the	obt obt	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an		Sept 13 1965
of of	spital eath); ust be	and haur and fram the causes stated above. (1) (We) (did) (did not)		an death accurred an the date
ust b sased dent	ospital death must b	23A. SIGNATURE		23 B. DATE SIGNED
E e e	50		Med. Staff hys. Staff	9-14-65
ate as r	was D.O.A. at a l deceased prior to written approval	23C. PHYSICIAN'S NAME (Type)	o. 6100 YORK ROBA	110212121
J. K	d p	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		town, or county) (State)
S: S	D.O dese	Level 9-16-65 Holy Pol	een / Lalt	Sid.
This cer the bod shows:	was D.O. deceased written a	SEP 15 1965 P. D. & Calley L.	25C. FUNERAL DIRECTOR	ADDRESS
F + 9		VS 150-REV. 1/1/65	Sun france of son	one well he



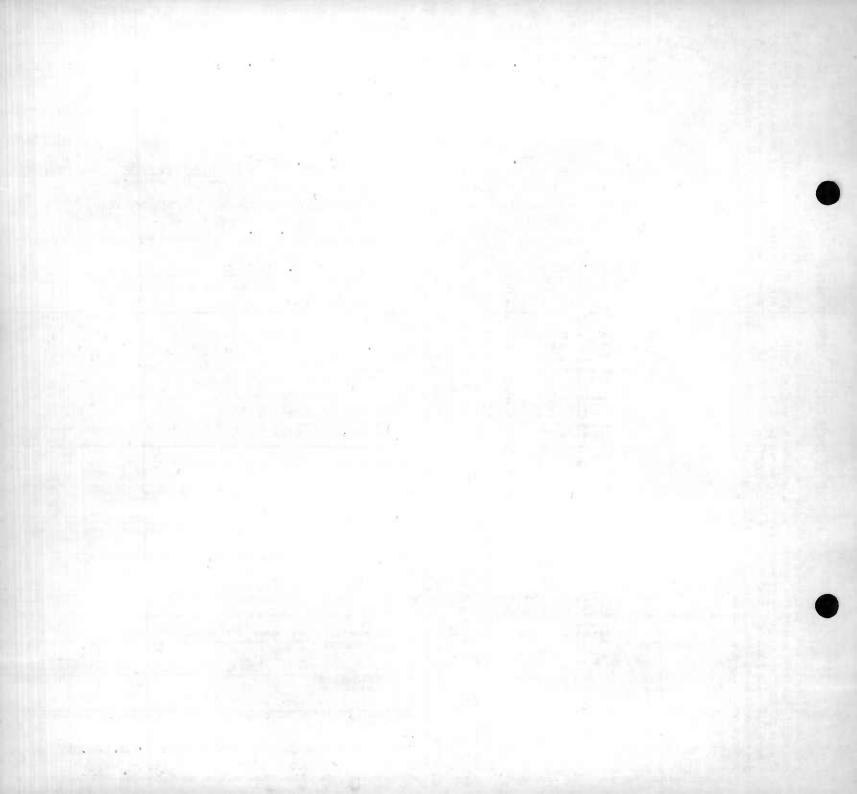
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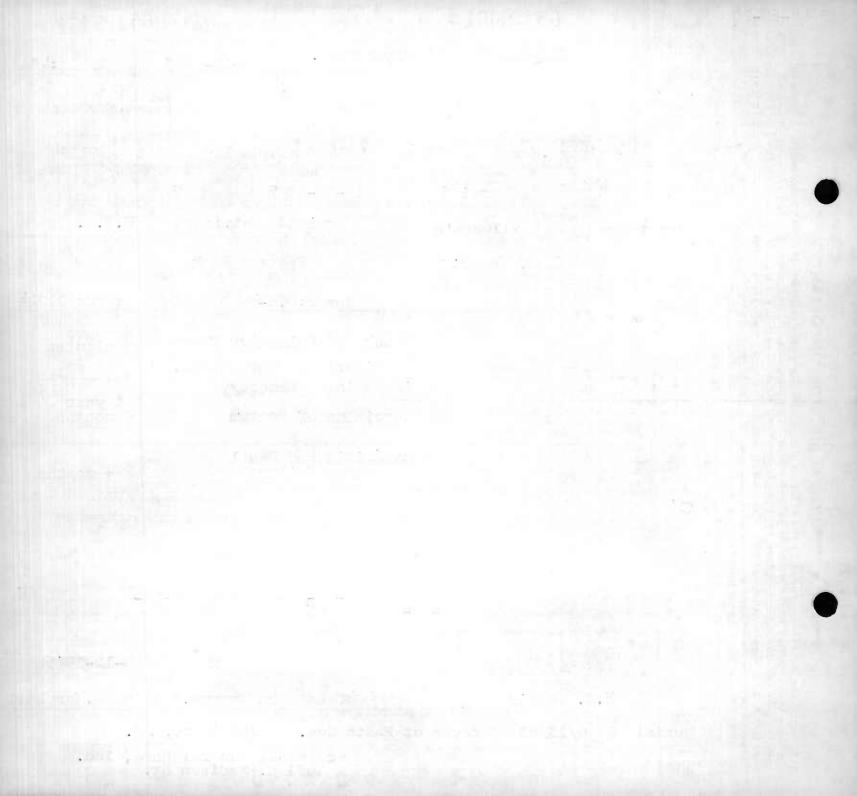
IMPORTANT

DIRECTOR:

FUNERAL



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FUNERAL DIRECTOR: IMPORTANT

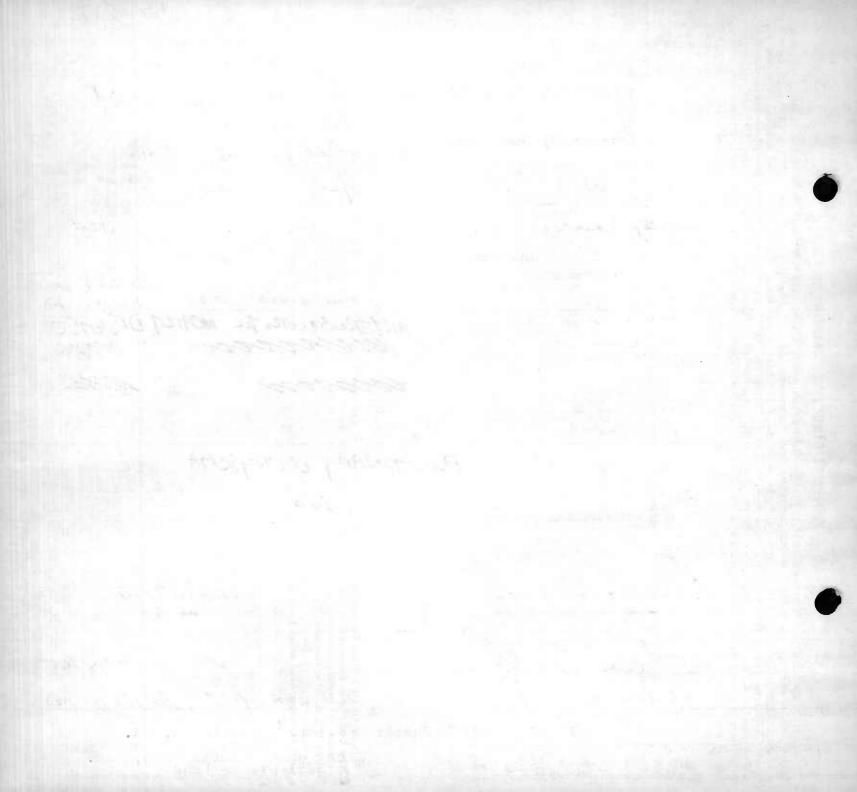
		- 1.1.		HEALTH DEPART		05
MRTH NO. M.E. CASE NO.	65	9462	CERTIFICA	TE OF DE	ATH Registered No	65 9462
INAME OF DE	CEASED			2	DATE AND HOUR OF DEAT	H
Type or Print)	Canalhanat D				9/13/65	E OFTON
PLACE OF DE	Segelhorst, B	RYLAND		4. USUAL RESIDE	NCE (Where deceased lived, If	institution: residence before admissi
				A. STATE	B. COUNTY	7
FULL NAME HOSPITAL OR			give street		rland	1-01
INSTITUTION	oddress of locollon	,		C. CITY OR TOWN	Ol outside city limits, will	e RURAL ond give township)
1				Balti	more 21205	
	St. Josephs Ho	nenttel				
	or. acetus u	OPPIONI		013 1	I. Potomac St.	
- SEX	6. RACE		D, DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Pemale	white	wide	wed	3-20-80	lost birthdoy)	
A. USUAL OCC	UPATION (Give kind of work	108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		12. CITIZEN OF
one during most o	f working life, even if retired)					WHAT COUNTRY?
Homemak		at	home	Baltimore, Md.		
FATHER'S NA				14. MOTHER'S MA		
	Sta	aap		unk	cnown	
5. Was Decease	d Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(Il yes, give wor or dote	s of service)	SECURITY NO.		A. Regler, dgh	
	110-111			L'ILEGA I	Regret, agir	. 2000
18.4 3	4,11		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY				ONSET AND DEATH
	LEADING TO DEATH		(4) 0		with	
	not meon the mode of			estive Hea	rt Failure With	
	, osthenio, etc. It meons mplicotion which coused		Vent	ricular Ta	chycardia	
	ANTECEDENT CAUSES		(B)			
			DUE TO			
	OR CONDITIONS, if the obove couse (A)		(C)		0000000	
	IG CONDITION Iosl.	Storming the	(0)	######################################		
	11	-				
OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTIN	G			
	DEATH BUT NOT RELA		ł E			
			WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE O	WAS PERF	ORMED		n	IN CERTIFYING C	AUSES OF DEATH?
21 A. ACCID	ENT WAS UNDERLYING	216	L PLACE OF INJURY (e.g., i			nore City, give exact location)
OR CONTRIB	ENT WAS UNDERLYING TO	hor	ne, form, foctory, street, o	lfice bldg., INJURY	OC CUR?	ore only, give exoct toconom
)	ly medical examiner)	etc.	1			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOV	V DID INJURY OCCUR?	
(APPROX.)		WH	nile At Not Whi			
						1 33
22. I certif	y that (1) (this hospital) attended t	he deceased from		19 65 to Se	pt. 13 19 6
that (I) (we) last saw the decease	d alive an	Sept. 13	19 05	and that in (my) (our) a	pinian death accurred on the
and hour or	nd from the causes stat	ed obave. (I) (We) (did) (did not)	lew the body afte	er death.	
23A. SIGNAT			,, (,, (, ()	The budy diff		238, DATE SIGNED
Mr.	0 11	Wat	Tricio M.D. Att	ending Me	d. Stoff	234 27712
100	ace 10 4	. 100	Phy	s. Dire	ctor Phys. sc	Sept. 13 1965
23C, PHYSICI NAME	AN'S Type)			23D. ADDRESS		
11771	Gracito V. P	atricio	M.D.	11,00 N. C	aroline St. Ba	ltimore 21213 Md.
4A. BURIAL CR			AME of CEMETERY of CR			(City, town, or county) (State
REMOVAL	(Specify)					
Buria	9/17/6	5 Ho	ly Redeemer			
SA. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL	nek Funeral H	ADDRESS The ADDRESS
SEP 1	5 1965 A. D.	8-8 f	arber M.a	33	31 Brehms Lan	ome, Inc.
'S 150-REV. 1/1	disca		1. 6. 13. 13	0 0 0	T DIEMIS DOM	
4 2 1 20 - WC A* 1\ [1 7		C 3 C 3	IF ALL	

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



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IMPORTANT

DIRECTOR:

FUNERAL

hospital

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any

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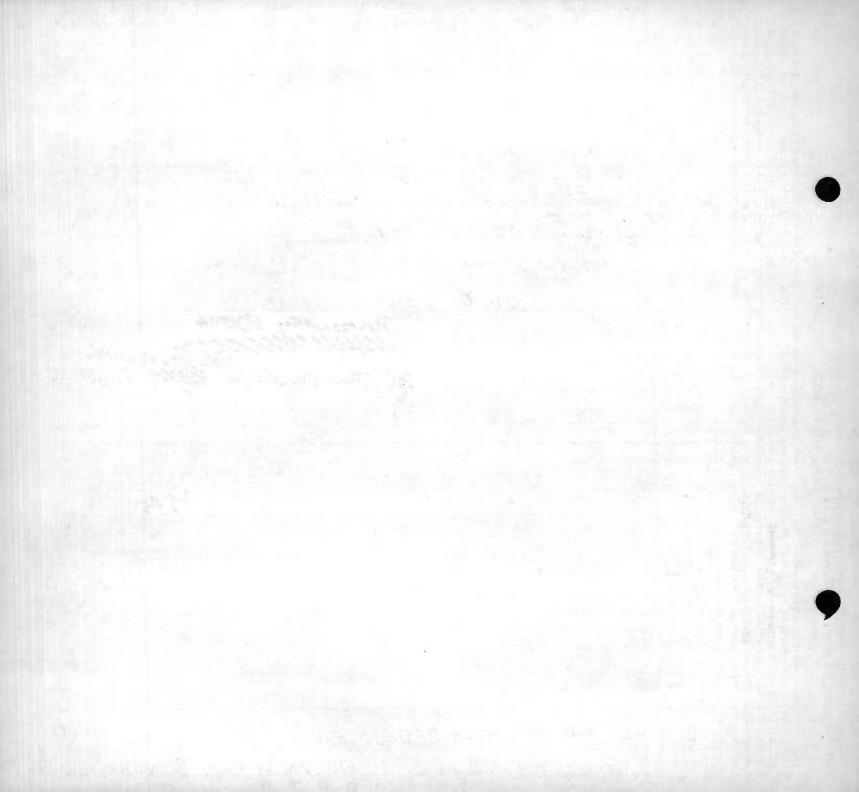
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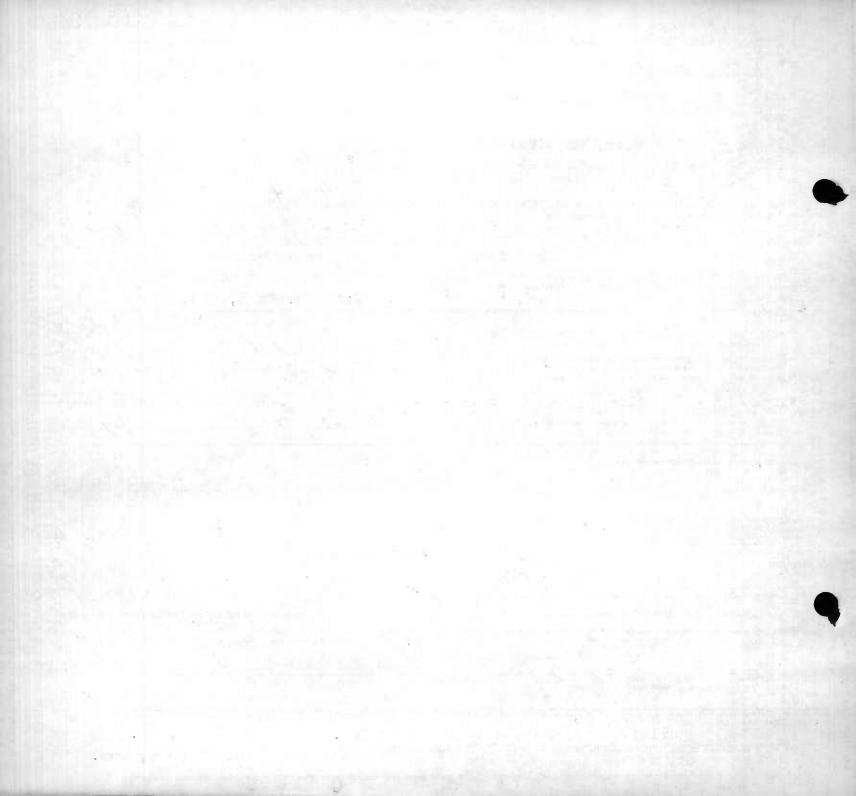
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contributing

Mark Broken BALTIMORE CITY HEALTH DEPARTMENT

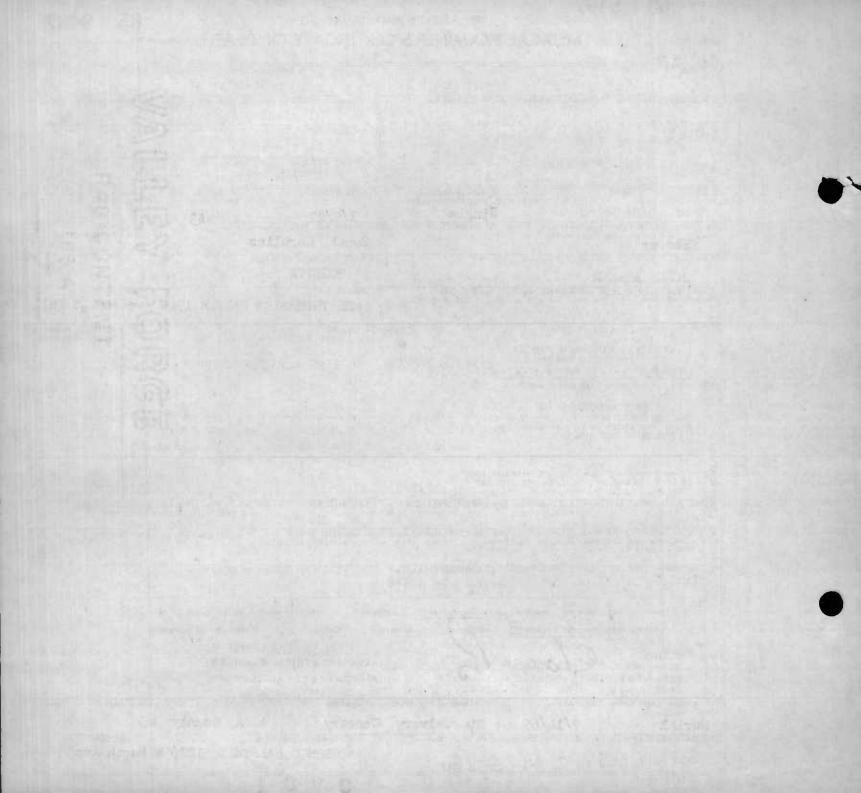


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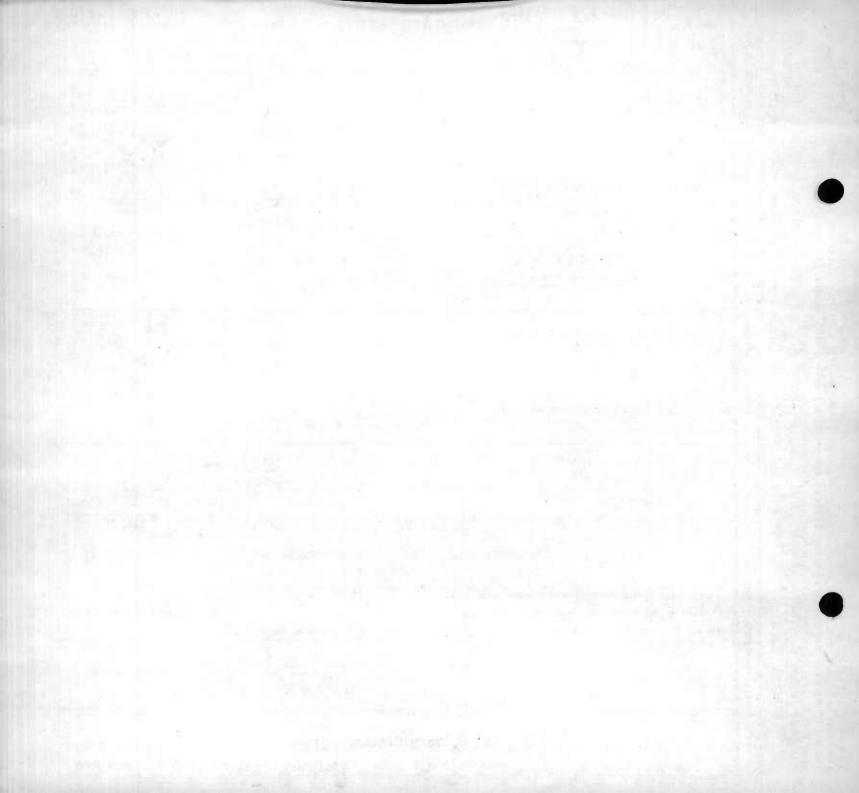


VS 151-REV. 1/1/65

ADOLPHUS HALSTEAD 1206 W North Ave

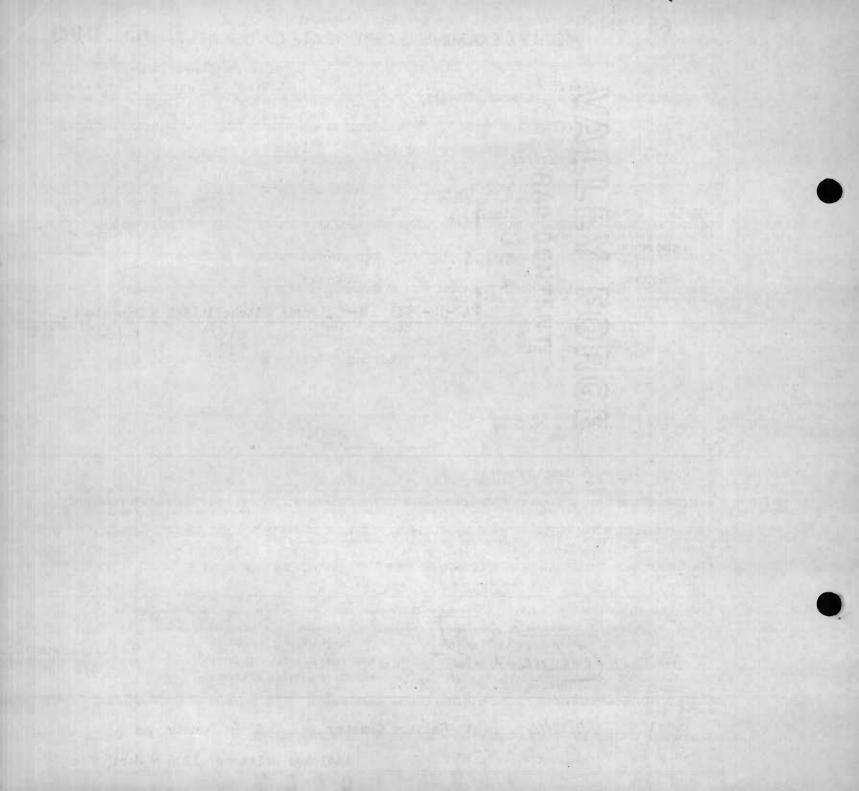


65 946	BALTIMORE CITY	HEALTH DEPARTMENT		OF O
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 9468
1. NAME OF DECEASED			HOUR OF DEATH	21)
(Type or Print) EARL STRICK	reiz	Seo	+8th, 1960	5 1 10 50 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before admissio
			Ctimone C	I.a.
FULL NAME OF (If not in hospital ar inst HOSPITAL OR address or location)	itution, give street	C. CITY OR TOWN (If auts	ide city limits write PUP	AL and hive township
INSTITUTION				and his is wallings
Uniwersity Ho	spital	D. STREET ADDRESS (If in	ural, give location)	1000
001000000000000000000000000000000000000		5 E. Mt.	11	VC
AA. WI	ARRIED, NEVER MARRIED	4	AGE (In years I Not birthdoy)	f Under 1 Yr. If Under 24 Ho Nanths Days Haurs Min.
MALE winte	Sepenated	July 28, 1891	74	
DA. USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
ane during mast of working life, even if retired)	G aranting	Pensywani	0	U.SA.
PREFICE NAME		14. MOTHER'S MAIDEN NAM		O'ZIA'
			16	
John Strickles		NORA ?		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give war ar dates af s		15012		
No	none	SELF		
18. / 80 V I	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Y	3011	•	0.1
LEADING TO DEATH	(A) Ne	bustatic Mal	eg nancy	2 months
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d), e.g., DUE TO			
injury or camplication which coused death	(.)	salashOs Do.	100 00	
ANTECEDENT CAUSES	(B)	COUCH KEL	nuc co	
DISEASES OR CONDITIONS, if any,	, DUE TO			
rise to the above couse (A) stating				
UNDERLYING CONDITION last.				
II .				
OTHER SIGNIFICANT CONDITIONS CONTR				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORME	:0	yes	IN CERIFFING CAUSE	S OF BEATH:
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	in or oboy 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	home, form, foctory, street, o	mice bidg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hou		21 F. HOW DID INJU	IRY OCCUR?	
(APPROX)	White At Work At Work			
22. I certify that (I) (this haspital) atte			968 10 Se	DT 5' 1968
The second secon	Com-	PTC - CC-	7	J-1,
that (1) (we) lost saw the deceased ali-	ve on	Ptc 19 65 ond the	t in (my) (our) opinio	n death occurred on the do
and hour and from the couses stated ob				
23A. SIGNATURE			23	B. DATE SIGNED
Kaupla Star	to Mer M.D. ATT	ending Med. Director	Stoff .	Sept
23C. PHYSICIAN'S	USC VIV. V Ph)	23D. ADDRESS	Phys.	
NAME (Type)			Da. OL	Day 10 113
DHOOM CH	Willer M.D.	300 1 St	PAUL ST	BALTO 18, MI
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City.	town, ai county) (State)
REMOVAL (Specify)	/	The state of the s	A Country	MA
Burial 9/18/65	Mt. C TVary Cen	etry A	A County	Md
				ADDRESS
254 TO 1200 (PRON) 5	, tarbey MA	Adolphus Hal	stead 1206 W	North Ave
VS 150-REV. 1/1/65	7030	0 7 0 2		



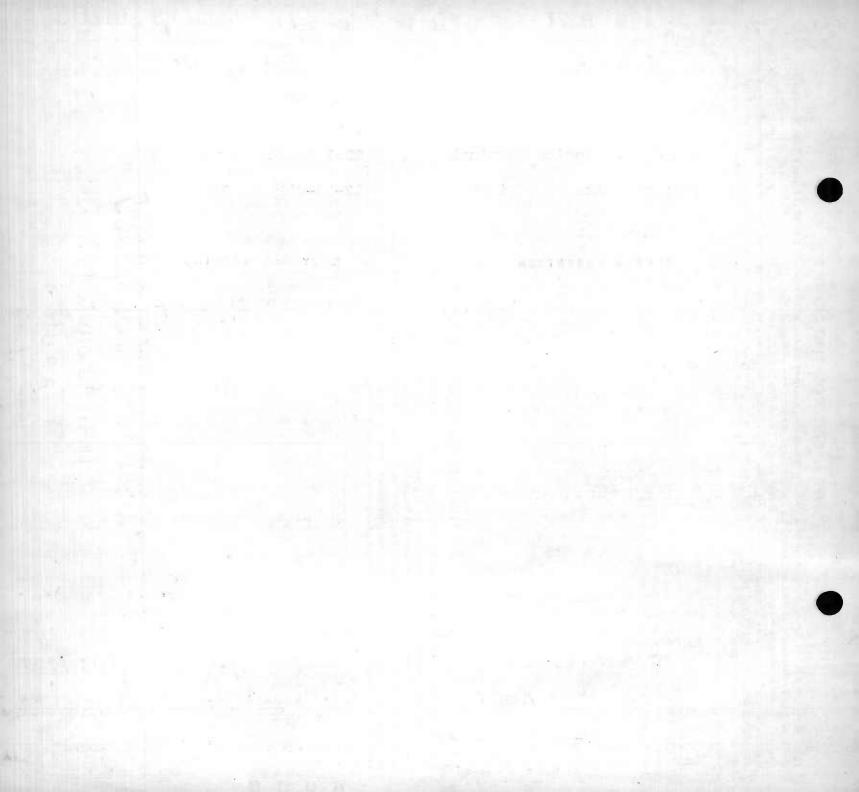
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Adolphus Halstead 1206 W North Ave

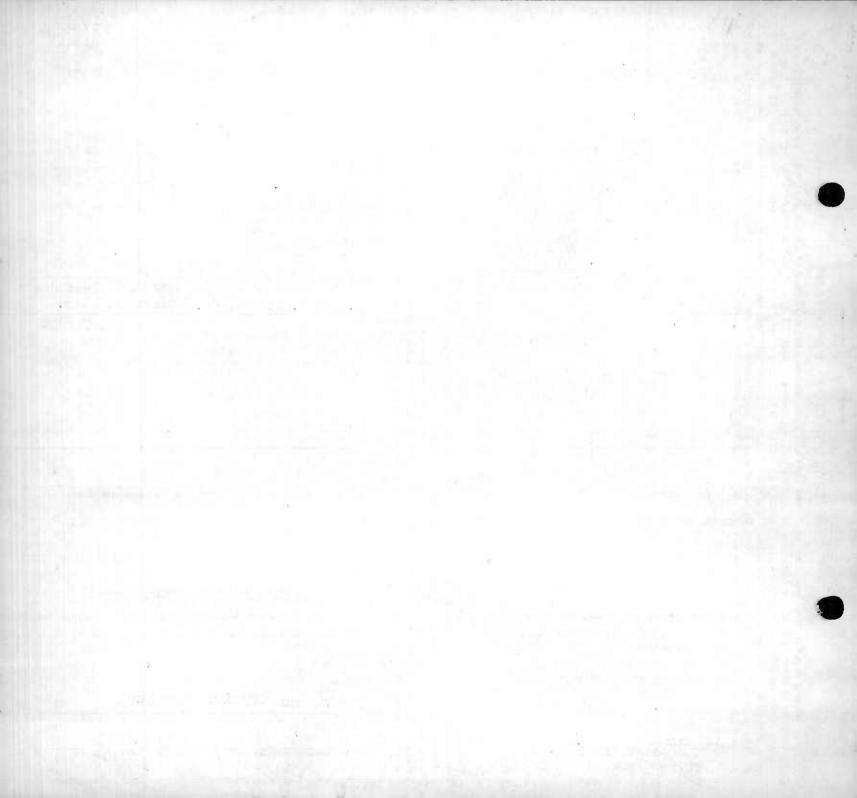


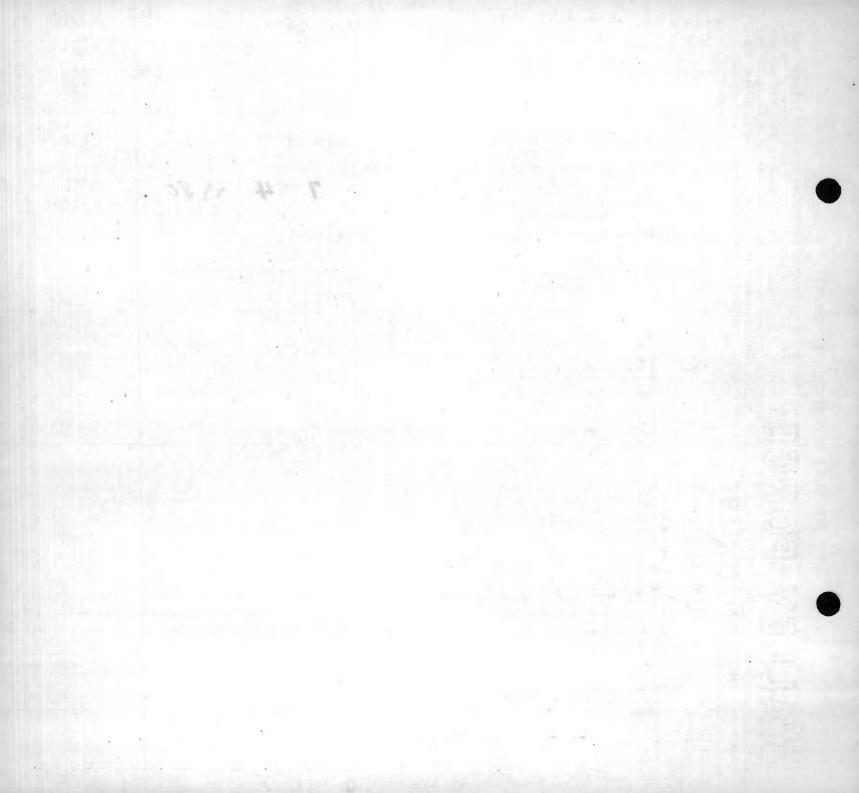
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BIR	TH NO. MEL	DICAL EX	CAMINER'S CI	RIFICA	I E OF D	EAIH Register	red No		-
t-	E. CASE NO.								_
(Ťy	pe or Print) JOHN B.	September 13, 1965 a 8:05 P _M							
3.	PLACE IN BALTIMORE, MARYLAND,	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE Maryland							
HC	LL NAME OF (IF NOT IN HOSPI SPITAL OR ADDRESS OR LOC STITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore							
1	Union Memo	pital	D. STREET ADDRESS (If rural, give location) 5604 Loch Raven Blvd.						
	sex 6. RACE white		NEVER MARRIED DIVORCED (specify)	Jan. 5,		9. AGE (In years last birthday)	If Under 1 Months D	Yr. If Under 24 oys Hours M	Hrs.
do	10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) Ret. Actionney			Maryl	State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
(harles Bowen			Martha E. Bird						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.				17. INFORMANT ADDRESS					
	no		212092560	Ethel (. Bowen		same		
	18. 4		CAUSE	OF DEATH				NTERVAL BETWE	
	DISEASE OR CONDITION DIRECTLY								
	(This does not meen the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) (A) Arterioscleratic cardiovascular disease								•••••
ZO	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
CERT	19A. DATE OF OPERATION 19B. CO	NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
MEDICAL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.								
2	21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK								
	22. I certify that I held an	Ingulry	Inspection XX Auto	apsy one	that on this	basis, death in m	v opinian		
	resulted from: Natorol c		ccident Suicide			determined manne			
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER XX								
	TOTAL (Type)		ecker, M.D.	ASSOCIATE M			eptembe	er 14,196)
RE/	S. BURIAL CREMATION, 238, DATE MOVAL (Specify) 9-17 A. DATE REC'D BY HEALTH DEPT.	-65 L	oudon Park	CEMATORY Cemeter		timore,		nty) (Stote)	
	ED 4 F 4005 4	8 Fall				Ruck Inc		A .	t.
Ve	151-REV. 1/1/65		7 4		A A				=

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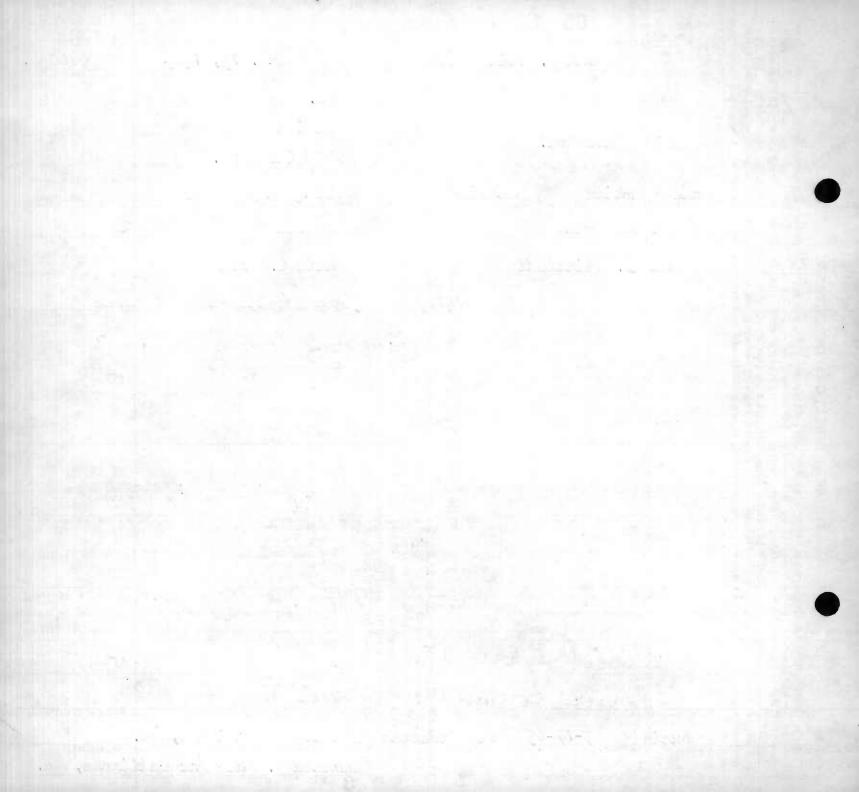
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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min,

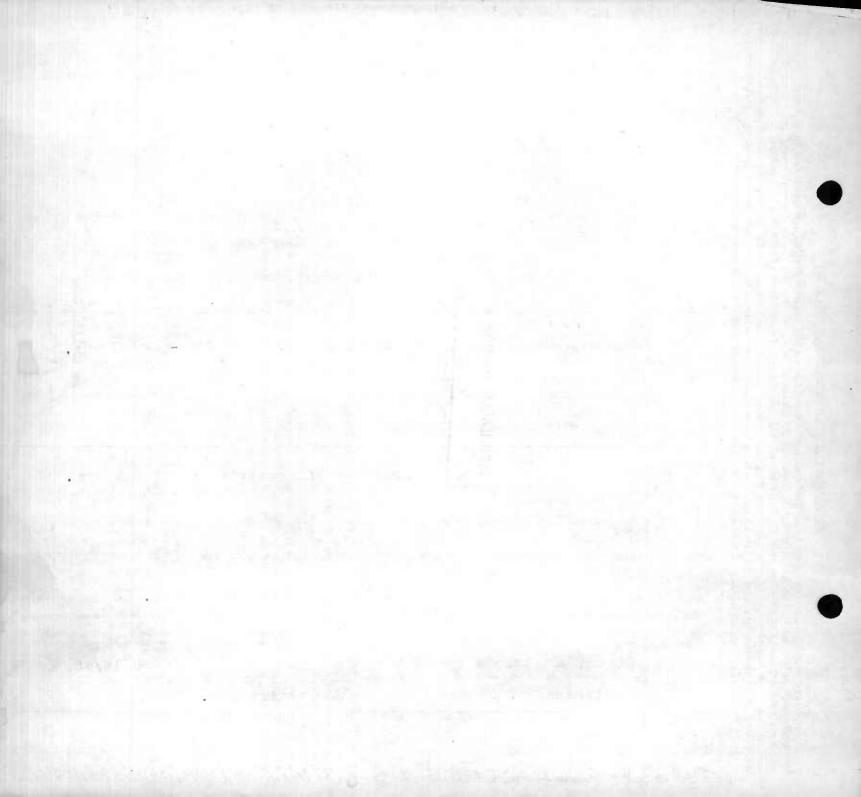
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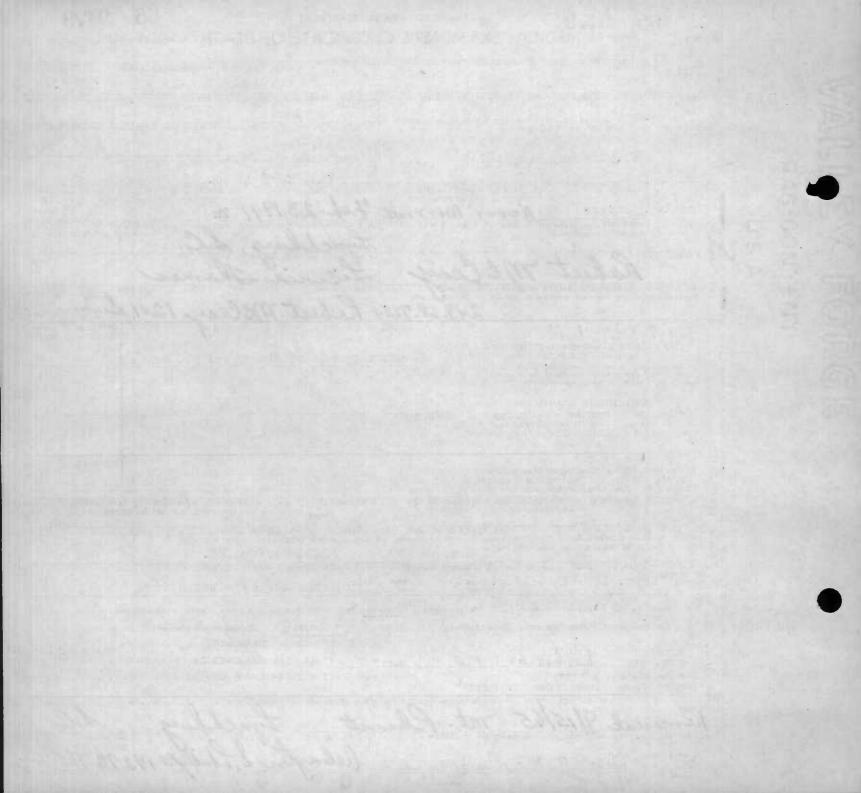
24C. FUNERAL DIRECTOR

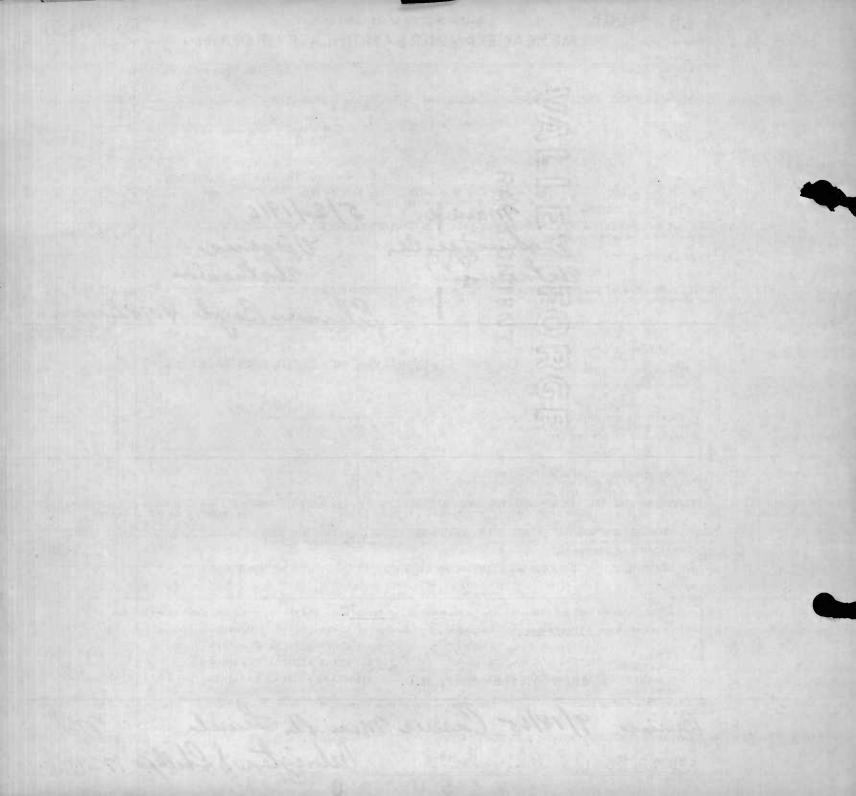
ADDRESS

24B. NAME OF REGISTRAR

24A, DATE REC'D BY HEALTH

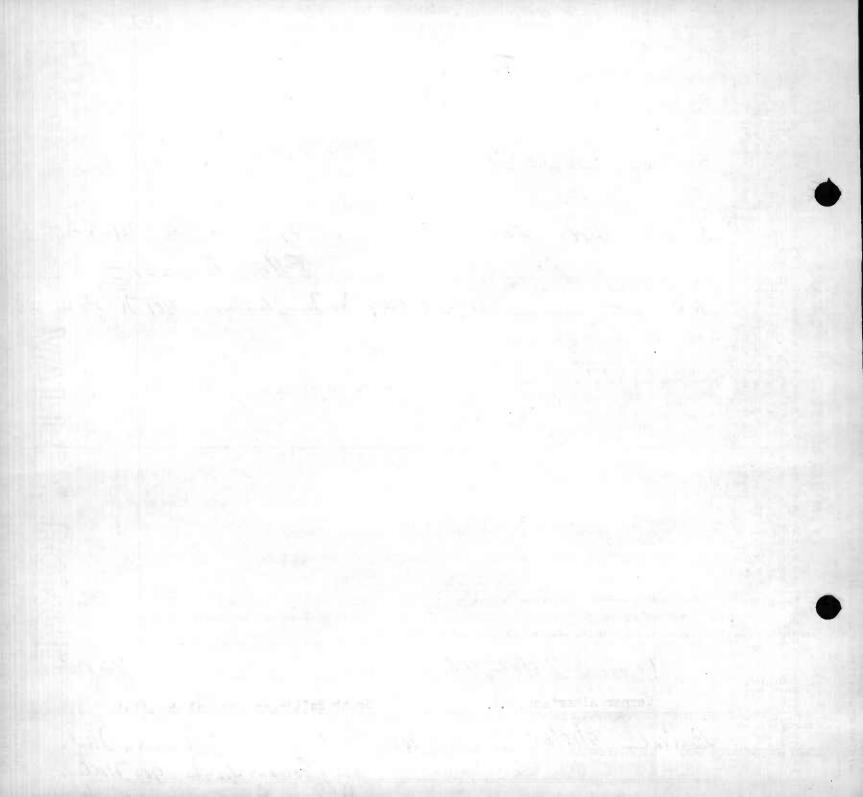
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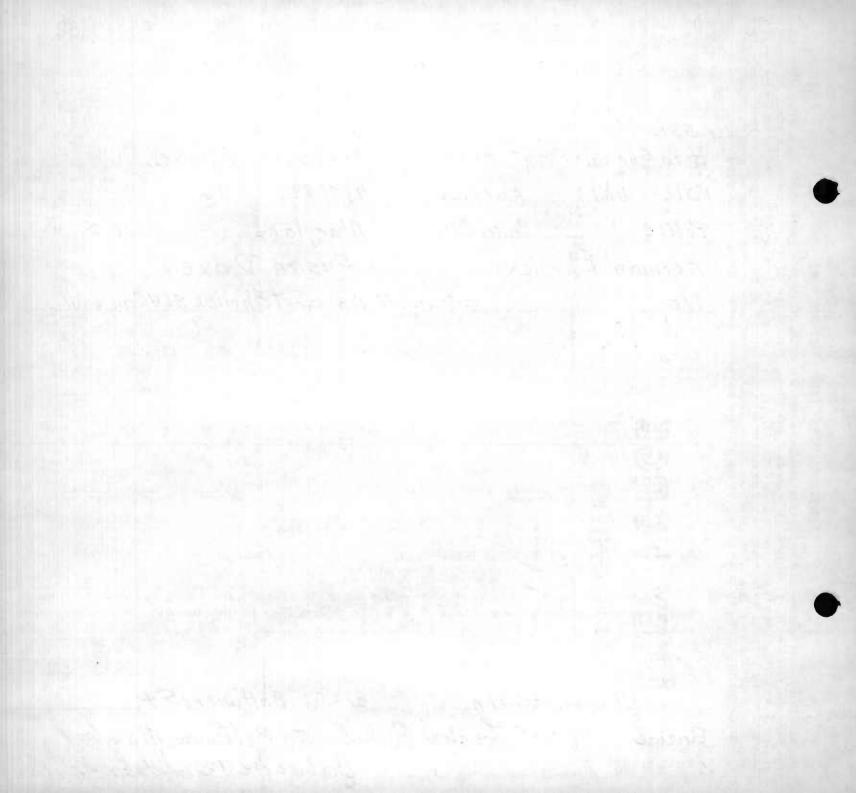




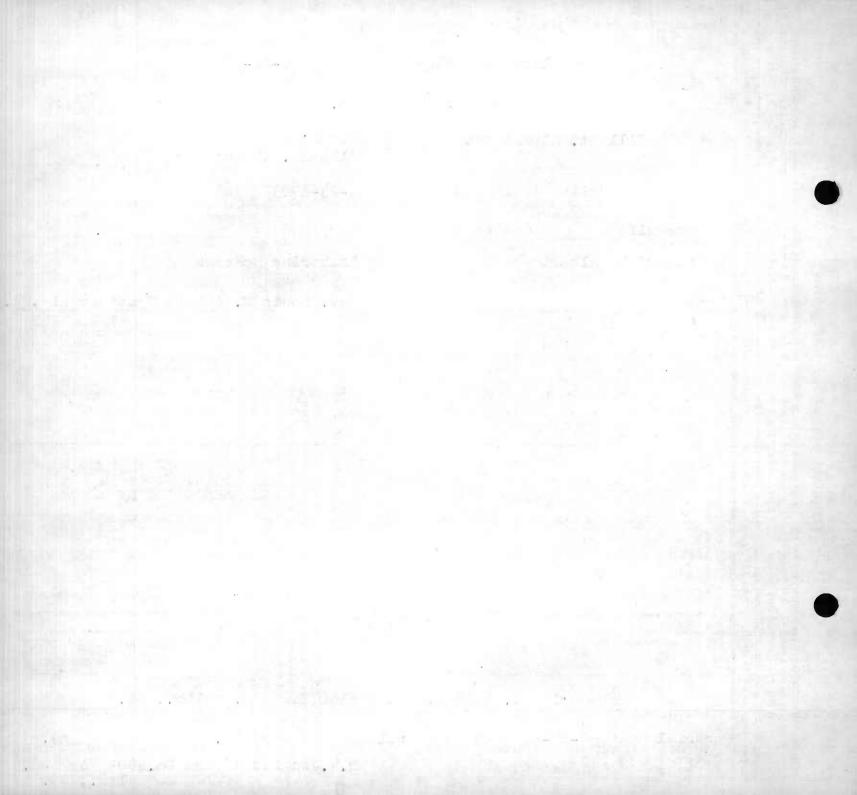
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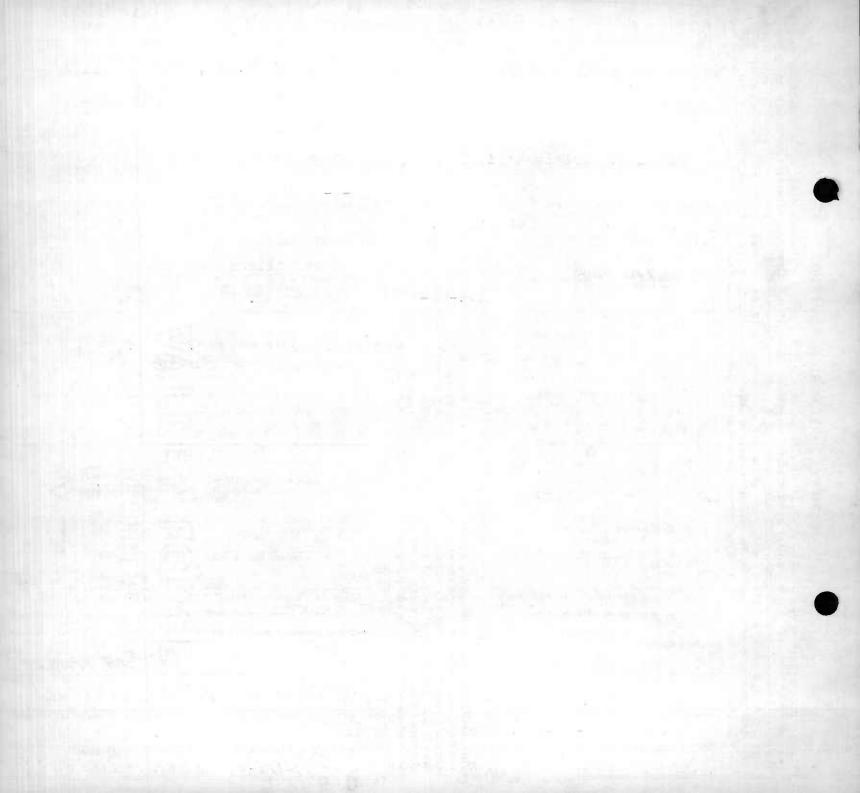
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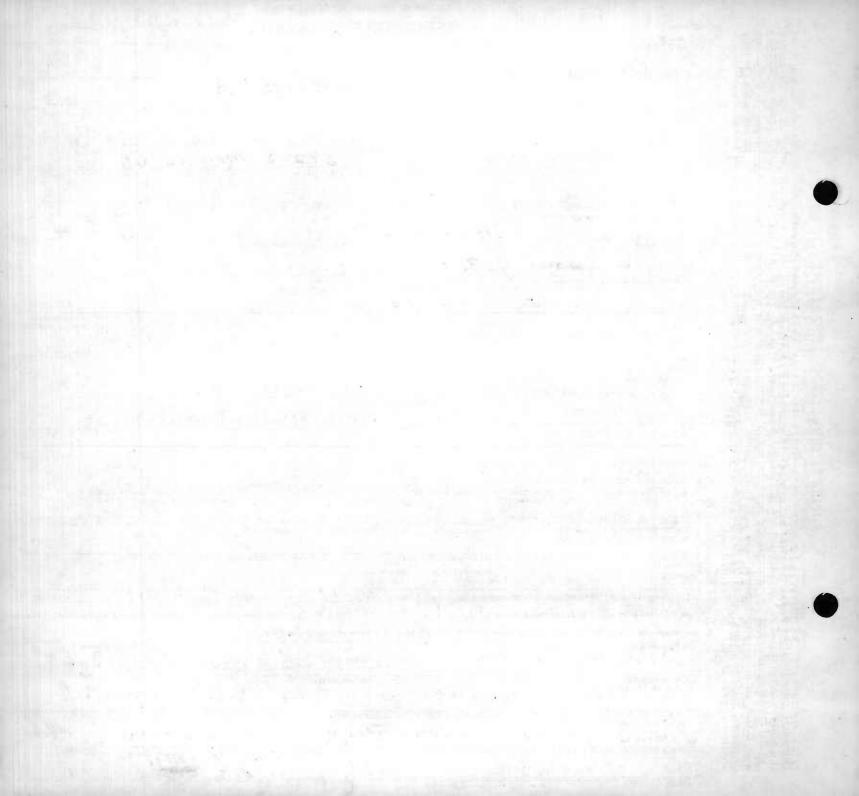
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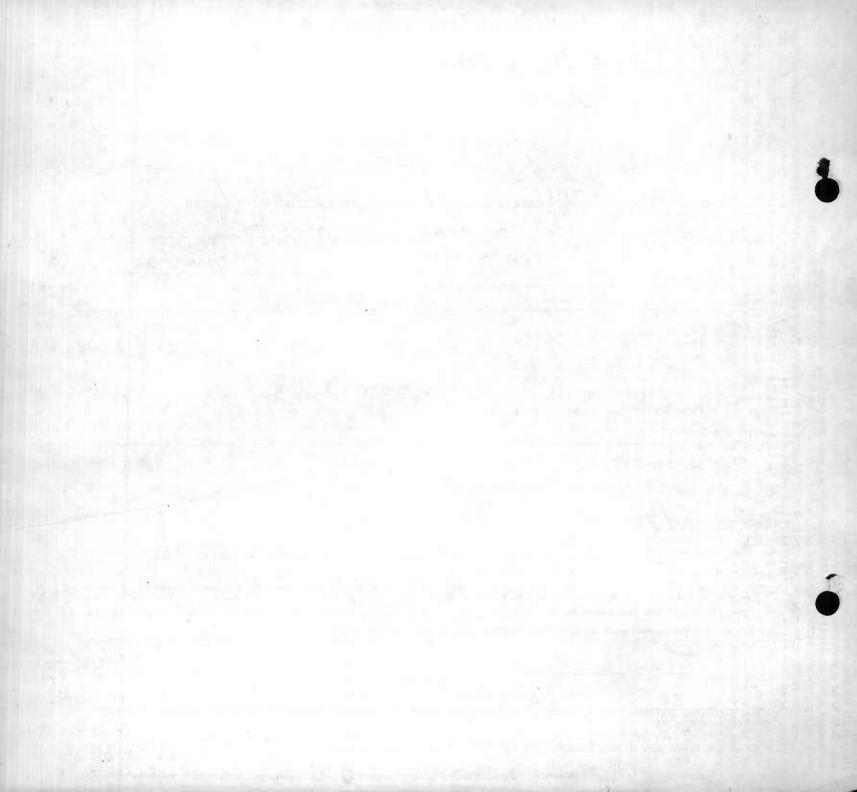
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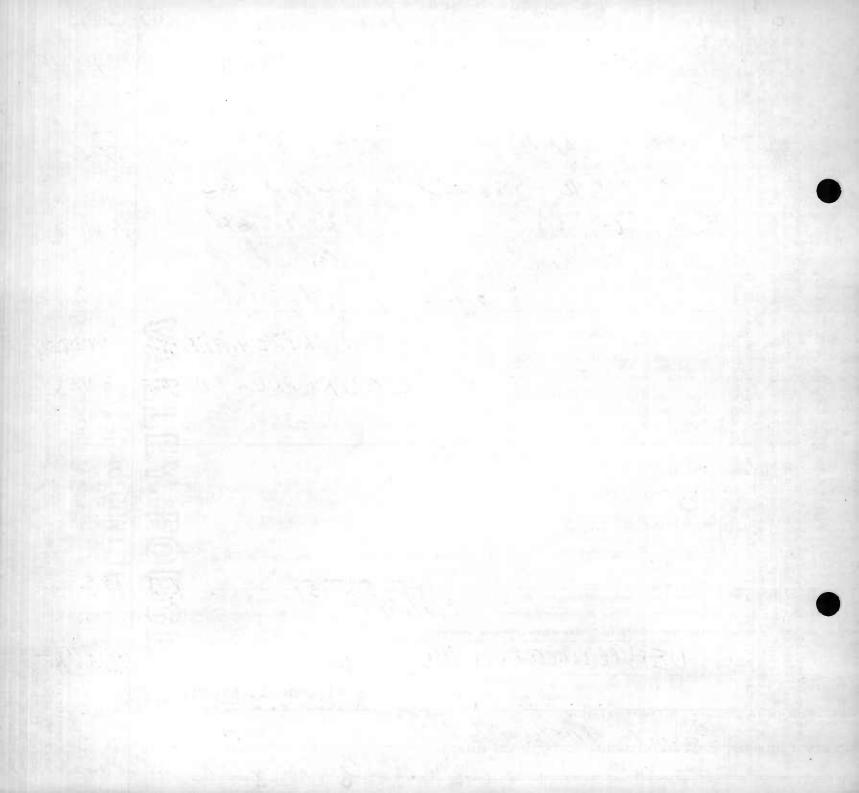
BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution and the print) FULL NAME OF HOSPITAL OR oddress or location)	9486
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 114. USUAL RESIDENCE (Where deceased lived. If institution	1 6 18m M
A. STATE OF A.B. EBUNTY	n: residence before odmission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE # 20 B. EQUILITY OF HOSPITAL OF Institution, give street 6.12 5. MONROE STATE	4 4 4 2
FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL)	ond give township)
INSTITUTION INSTITUTION C. CITY OR TOWN (If outside city limits, write RURA) Paltinge, Md. D. STREET ADDRESS (If rurol, give locotion)	7.1-13
D. STREET ADDRESS (If rurol, give locotion)	1000
- ISAN TORNING FEDERALLAI	6
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) FEMALE White MARRIED MIDOWED, DIVORCED (specify) H-H-H-H 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or toreign country) 12. C. W.	nder 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED (specify) FEMALE White MARRIED 4-4-04 (of working KIND OF BUSINESS OF INDUSTRY 11 BIRTHELA CE (State of location) (or country) 100 USINA OCCUPATION (Give kind of workings KIND OF BUSINESS OF INDUSTRY 11 BIRTHELA CE (State of location) (or country)	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or toreign country) 12. Cl W	TIZEN OF VHAT COUNTRY?
Dowestic Balto md	I.SA
TO THOUSE WIFE DOMESTED TO ATO. VILA. 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME	4
- 10 William Harris VATER	
To be 50 15. Wos Deceosed Ever in U. S. Armed Foices? 15. Wos Deceosed Ever in U. S. Armed Foices? 16. SOCIAL SECURITY NO. 17. INFORMANT HUS DANA 17. INFORMANT HUS DANA	ADDRESS
The solution of the second Ever in U. S. Armed Foices? 15. Wos Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give wor or dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT HUS DANA No NE 11. INFORMANT HUS DANA 11. INFORMANT HUS DANA 11. INFORMANT	110000
a still in the state of the sta	12 S. MONROES
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or camplication which coused death.)	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUF TO	
(This does not mean the mode of dying, e.g., DUE TO	***************************************
heart foiluse, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES (B) ## ### #############################	
O E E O DE ANTECEDENT CAUSES (B) A Y TURO CLEOTA	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving lise to the obove cause (A) stoting the UNDERLYING CONDITION lest	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving lise to the obove cause (A) stoting the UNDERLYING CONDITION last. Injury or camplication which coused death,) ANTECEDENT CAUSES DUE TO C. Mosive cereby of here by	rayl
UNDERLYING CONDITION Igst. UNDERLYING CONDITION Igst. UNDERLYING CONDITION Igst.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
■ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING	GS CONSIDERED
WAS PERFORMED	F DEATH?
19A. Date of Operation 19B. Condition for which operation 20A. Autopsy? (Yes of No.) 20B. If YES, WERE FINDING WAS PERFORMED 20B. Autopsy? (Yes of No.) 20B. If YES, WERE FINDING CAUSES OF NO.) 20B. If YES, WERE FINDING CAUSES OF NO. 20B. If YES, WERE FINDING CAUSES OF	
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg. INJURY OCCUR?	
O O O O O O O O O O O O O O O O O O O	
DEATH (notify medical examiner) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
DEATH (notify medical examiner) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
DEATH (notify medical examiner) 10	
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. HNJURY OCCURRED Solve to the time of time of the	give exect locotion)
DEATH (notify medical examiner) CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner)	give exect locotion)
DEATH (notify medical examiner)	give exect locotion)
DEATH (notify medicol exominer)	give exoct locotion) 19 6 1, eoth occurred on the dote
DEATH (notify medical examiner)	give exect locotion) 19 6 1, eoth occurred on the date ATE SIGNED
DEATH (notify medical examiner)	give exect locotion) 19 6 1, eoth occurred on the date ATE SIGNED
DEATH (notify medical examiner)	give exect locotion) 19 6 1, eoth occurred on the date ATE SIGNED
DEATH (notify medical examiner)	eoth occurred on the dote ATE SIGNED 13,65 The or county) (Stote)
DEATH (notify medicol exominer) PATH (notify medicol exominer	eoth occurred on the dote ATE SIGNED 13,65 The or county) (Stote)
DEATH (notify medicol exominer) PORATH	ate signed 13, 65 The signed on the date (State) (State)



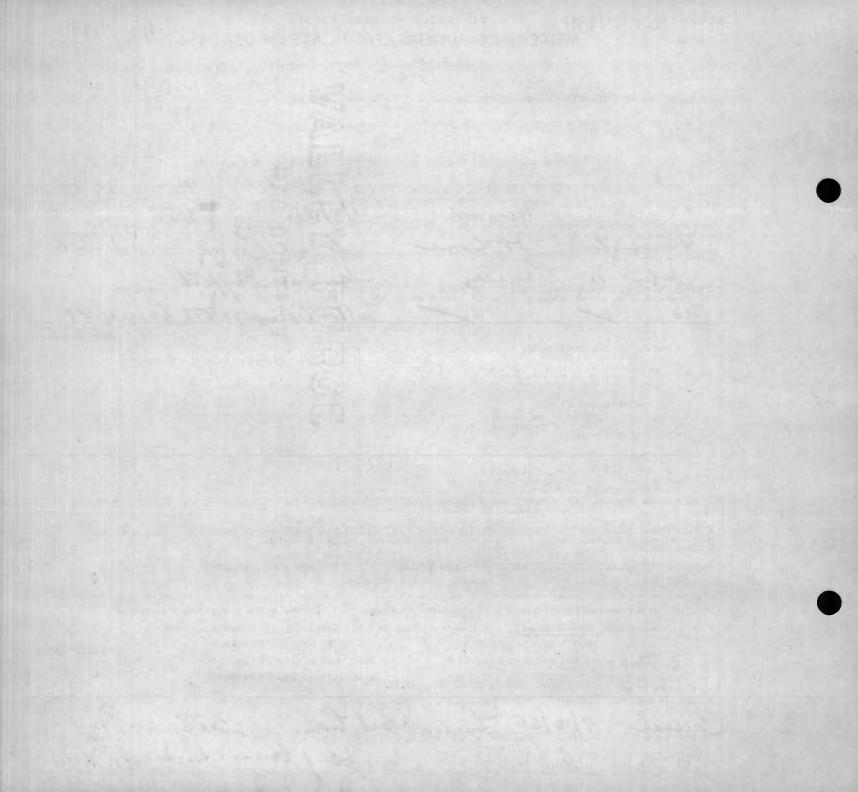


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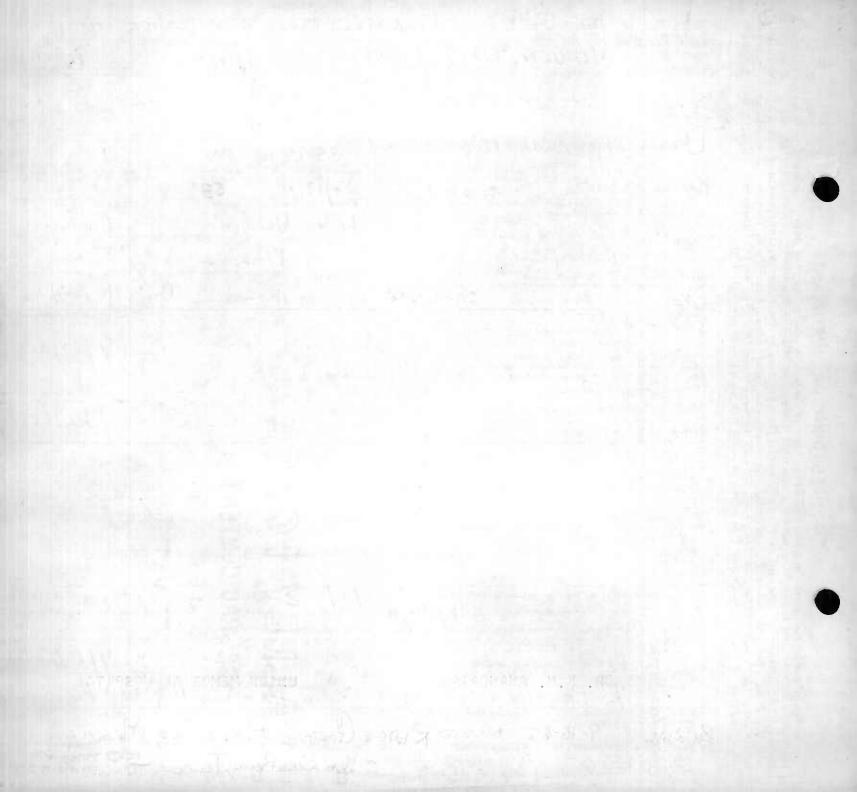


65	5 9489	BALTIMORE CITY HEA	ALTH DEPARTMENT G5 QARQ
BIRTH NO.		ICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 3400
M.E. CASE NO.			
1. NAME OF DEC			2. DATE AND HOUR PRONOUNCED DEAD
	STELLA PLE		September 13, 1965 4:40 P M.
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	A IION)	C. Citi ok lown in outside corporate minis, while kokac one give township)
2	University	Hospital	Baltimore
8			D. STREET ADDRESS (If rurol, give locotion)
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	795 Carroll Street B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.
female	white	WIDOWED, DIVORCED (specify)	lost birthdoy) Months, Doys, Hours, Min.
		Medowid	11/1880 85
	working life, even if retired)	NOB. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT, COUNTRY?
	emele	AT Lome	hal. 4.J.A.
13. FATHER'S NAM	The Y		14. MOTHER'S MAIDEN NAME
pole	n W. 4	aursey	Ida har Suffith
	O EVER IN U.S. ARMED		17. INFORMANT ADDRESS
no			millon toquesey - 795 Carrall- Lt
1B. //-	2.2.1	CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	
	LEADING TO DEATH	(A) Arteri	iosclerotic cardiovascular disease
heort foilure,	not meon the mode of , osthenio, etc. It meons mplication which caused	the disease,	
	p. could will cooled	3001111	
	ANTECENDENT CAUSE	(B)	
RISE TO TH	OR CONDITIONS, IF A		
	NG CONDITION LAST.	(C)	
OTHER SIG	11		
OTHER SIGI	NIFICANT CONDITIONS	CONTRIBUTING	
	DEATH BUT NOT RE		
	OPERATION 198, CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
00			No
	L CAUSE WAS OR CONTRIB-	218, PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
·	SE OF DEATH.	etc.)	
21D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)		m. WHILE AT NOT	WHILE
22.			
	tify that I held an I		utapsy and that an this basis, death in my apinian
resul	ted fram: Natural/ca	uses X Accident Suici	
ACTUAL	1/1/2	70 7. /1.().	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNAT		U UP CO M.I	ASSISTANT MEDICAL EXAMINER
EXAMIN	. Dudico	r Breitenecker, M/D.	September 14, 196
23A. BURIAL CRE	MATION, 238 DATE	23C. NAME of CEMPTERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify	0 0/11	165 1 1	and to Both his
24A, DATE REC'D	BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
455 4 5		A.0	21/2011
SEP 16	1965 Robert	& E. Farberns	John Comer How See. GOI Holling &
VS 151-REV. 1/1/	65	1 4 4 6 61 1	$0 0 0 0 1 \qquad (23)$



	65 9490 BALTIMORE CITY HEALTH DEPARTMENT 65 9490
	CERTIFICATE OF DEATH Registered No.
1.1	IAME OF DECSASED Virgie Marie 2. DATE AND HOUR OF DEATH
	pe or Print) Collignon Manie Collignon 9/13/65 11:30 A PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
	A. STATE B. COUNTY
F	FULL NAME OF (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	NSTITUTION IN OUR CONTROL ON GIVE TOWNS MIP)
1	Monde bello States Hospital D. STREET ADDRESS (If rurol, give locotion)
	1232 E. North fre.
10 5	F 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
-0	wing mach op Maryland U.S.
3.	FATHER'S NAME
1	Rapoleon B. Byrd Sarah C. Harrison
5. Ye	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
	212-02-8040 Joseph Byrd. 1232 E. North Dere
_	18. / TO I CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO (A) B. (a ferral pnaumonia
	heart lailure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Carcinomatosis, breast 9 worth
	DISEASES OR CONDITIONS, il any, giving
	rise to the obave cause (A) sloting the (C)
	UNDERLYING CONDITION last,
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
FIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	10 no
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 8/26 1965 ta 9/13 1965
	that (1) (we) lost saw the deceased alive an 9/13 1965 and that in (my) (our) opinion death accurred on the da
	ond hour and fram the couses stoted obove. (1) (We) (did) (did nat) view the bady ofter deoth.
	23A. SIGNATURE
	Occur Diecer M.D. Attending Med. Stoff Phys. Phy
	23C. PHYSICIANS NAME (Type) Robert W. Ireland, M.D. 23D. ADDRESS Montebello State Hospital
24/	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
-	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	SFP-16 1965 (O & S A Fred Har G George J. Gonce, 4001 Ritchie Hgwy.
'S	150-REV. 1/1/65 Baltimore 25, Md.

1	0101	BALTIMORE CITY HEALTH DEPART		
I,	. CASE NO.	CERTIFICATE OF DEA		65 9491
	VIRDEN, MARY	Y EMMA 2	9/14/65.	9.30
ŀ	LACE OF DEATH IN BALTIMORE, MARYLAND		NCE (Where deceased lived. If in B. COUNTY	stitution: residence before od
	TULL NAME OF (II not in hospital or institution, give stre		yland.	Bulk
	HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR JOWN	/	RURAL and give township)
ľ	T. M. 0 . 1 1/2/1	D. STREET ADDRES	SS (If rural, give location)	5500
ì	Jonia Membrial Hospi	35 C	edar avenue	
ŀ	EX 6. RACE 7. MARRIED, NEVER	MARRIED 8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours
	Female While Widowed Divo	wed 12/11/	11 Jost birthdox) years	Monms Doys Hours
Į.	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSIN during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?
Ì.	HSWF.	West	Virginia	America
	fathers name Carly	14. MOTHERS MA	4	
		0141	Unknow.	
	.no or unknown) (If yes, give wor or dotes of service)	CURITY NO.	Anandain U	ADDRESS Menadial
-	No Unknown. 219-	CAUSE OF DEATH	. Humadiah.	B
	DISEASE OR CONDITION DIRECTLY	2		ONSET AND DEA
	LEADING TO DEATH	(A) Congahil	ve Cardiac	9/10/
ı	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	\	///
	injury or complication which coused death,) ANTECEDENT CAUSES	(B)	riline.	to
l	DISEASES OR CONDITIONS, if ony, giving	DUE TO		91.
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)	-Cape.	1/14/
1	1			1
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
l	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION 20 A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
l	WAS PERFORMED	NO		USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE home, form,	OF INJURY (e.g., in or about 21 C. WHE! factory, street, office bldg., INJURY O	RE DID (If in Boltimore CCUR?	City, give exact location)
ı	DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJUR	Y OCCURRED 21F. HOW	I DIS INITIAN CO	
	OF INJURY While At	Not While	DID INJURY OCCUR?	
l	22. I certify that (1) (this hospital) attended the dece	At Work	10 / /-	911, 1
	that (1) (we) lost sow the deceased alive an		ond that in (my) (our) opin	9 / 14 / 19
	ond hour ond from the couses stated obove. (1) (We)			decili occurred on t
	23A. SIGNATURE			23B. DATE SIGNED
	K. M. Hanandarh	M.D. Attending Med. Direct	Stoff Phys.	9/14/6
	PHYSICIAN'S DR. K.M. ANANDA IA		UNION MEMORIAL	HOSPITAL
		AIAHMO. Vania	Hemorial Hol	pilal Balli
ľ	BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREMATORY		ty, town, or county) (
	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGIS	STRAR 125C. FUNERAL 1	DIRECTOR	ADDRESS
1	SEP 16 1965 (O. B. E. Farley M.		OK BROOKS Town	TOWCON, MOS
F	150-REV. 1/1/65	3 3 3 3 3 3 3 3	The I composite	1000000, 1,103

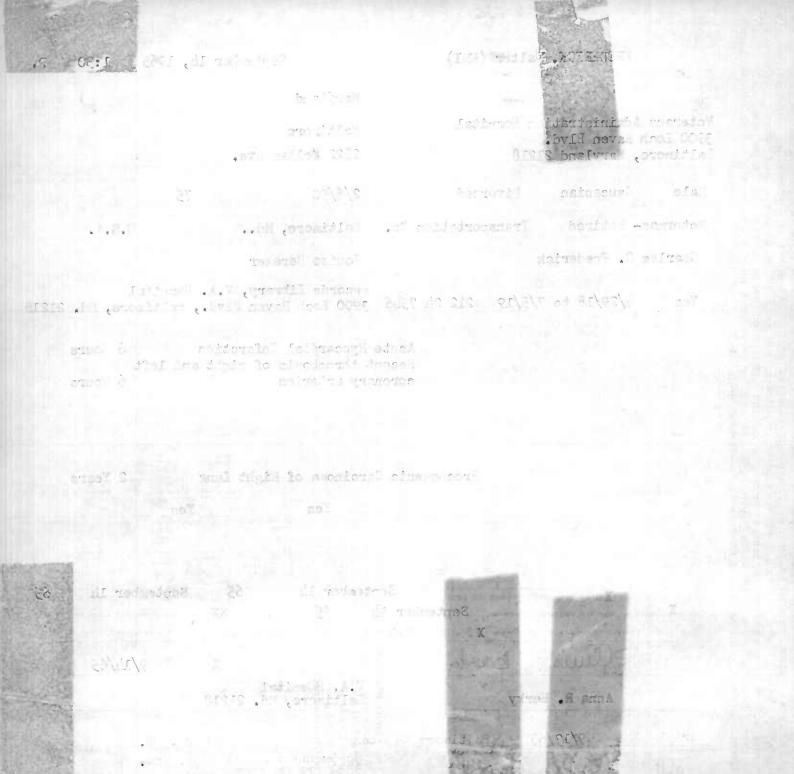


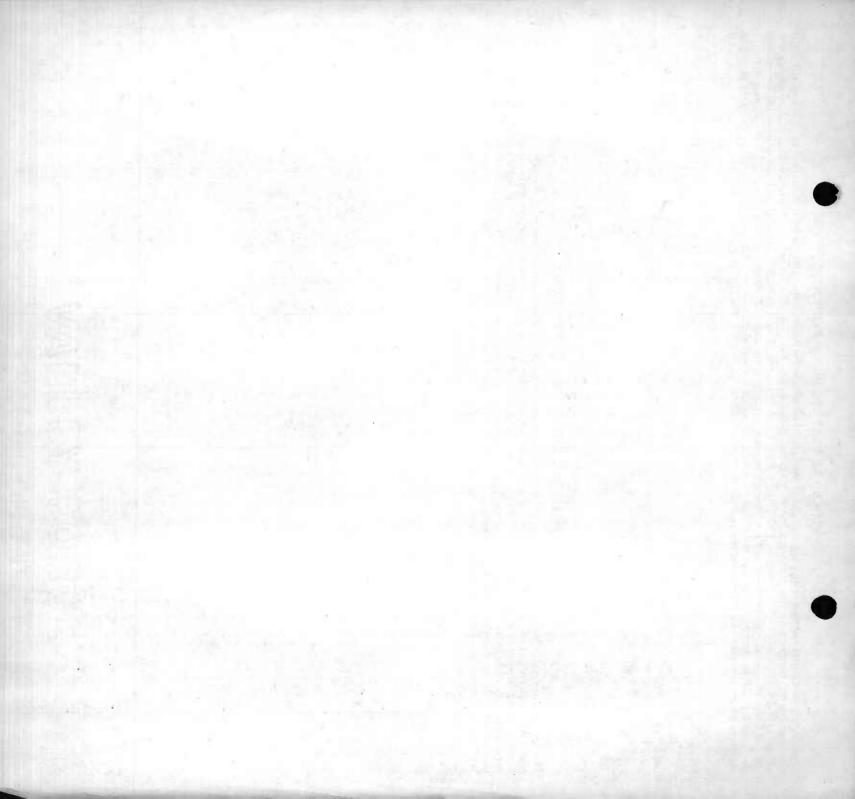
IMPORTANT

DIRECTOR:

UNERAL

BALTIMORE CITY HEALTH DEPARTMENT

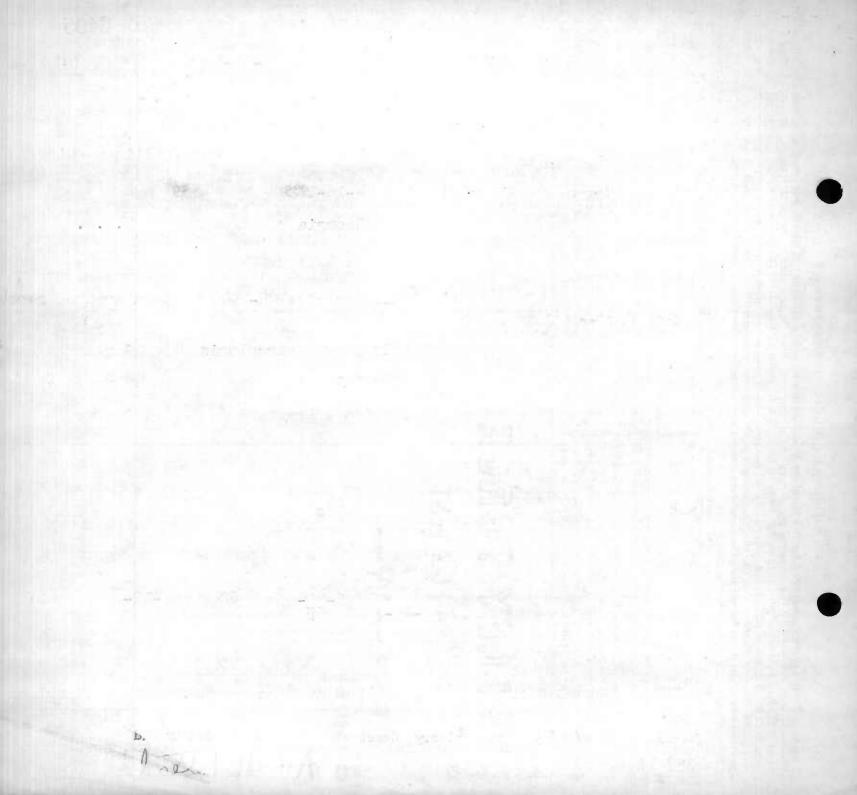




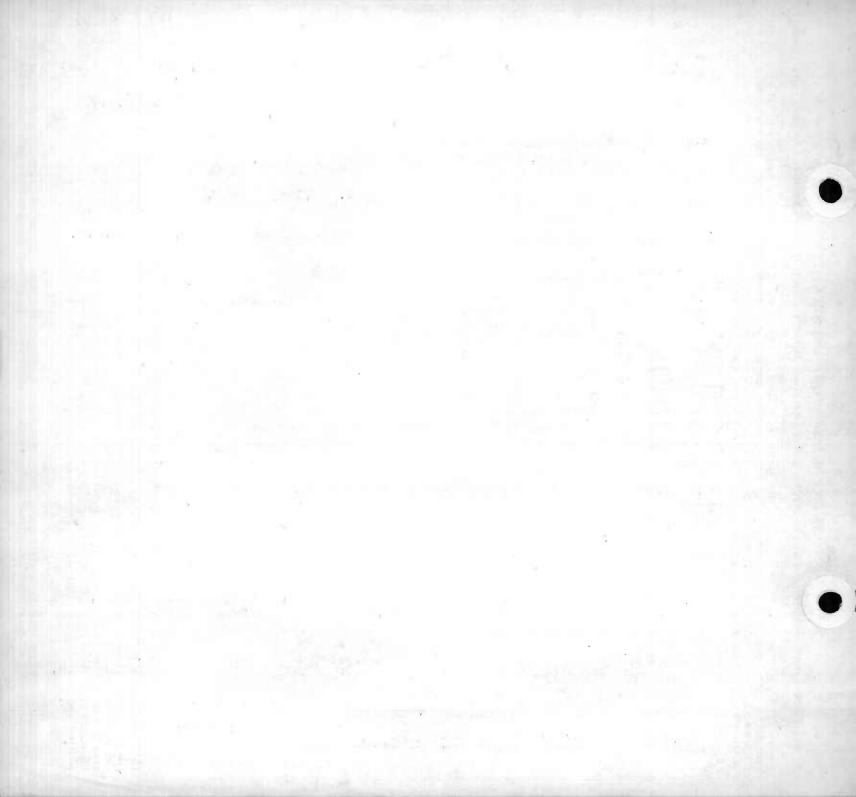
))	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of ony nature; (2) Body burns; (3) A frocture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physicion who pronounced death was in regular attendance on the	deceased prior to dearn); and (o) no pnysician was in regular attendance on the deceased prior to dearn. Such Written opproval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be appr the body was released to th	ows: (1) An accident of on	as D.O.A. at a hospital (e)	ritten opproval must be ob
	F	S	3 7	3

11 - 20 MILL CE	BALTIMORE CIT	Y HEALTH DEPARTMENT	. 00	0.10.
BIRTH NO. 65-22864 65	9494 CERTIFICA	ATE OF DEATH	Registered No.5	9494
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	12 10 440
(Type or Print) BABY GILL	Tymanini	2, 5011 011	9/11/65	19 MM
3. PLACE OF DEATH IN BALTIMORE MAI		4. USUAL RESIDENCE (Where		titution: residence before admi
		A. STATE B. COUNT	TY TY) a l
	or institution, give street	190		0 1
HOSPITAL OR oddress or locotion		C. CITY OR TOWN (If outs	side city limits, write RI	URAL ond give (township)
1		1341TO.		
5	- /	D. STREET ADDRESS (If r	urol, give location)	
MERCY HOSPIN	12/	26 N. EAST 1	4ve	
	7. MARRIED, NEVER MARRIED		P. AGE (In years	If Under 1 Yr. , If Under 2
EW	WIDOWED, DIVORCED (specify)	9/10/65	ost birthdoy)	Months Doys Hours
10A, USUAL OCCUPATION (Give kind of work	TOR KIND OF BUSINESS OF INDUSTR	Y 11 RIPTHPI ACE (State of forcing	an Country)	12. CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
plan down from parameter for the		MARY/ANO	1.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
Daniel 1 +	to the same of	E/ - /	Rouse	11/
ADY MOND TA 15. Was Deceased Ever in U. S. Armed Fore (Yes, no or unknown) III yes, give wor or dote:	es? 16. SOCIAL	17 INFORMANIA	MARISA	ADDRESS
(Yes, no or unknown) fif yes, give wor or dote:		17. INFORMANT		
No	No	MR.R. THUANN	126NitA	IST. AUX.
18.74 3.1				MINTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY 7	Kultiple Congenit		ONSET AND DEATH
LEADING TO DEATH	41	poplasin of nuld Chippi J	= Lunes a	30 Min.
(This daes not mean the made of		The state of	2	
hearl failure, asthenia, etc. II means injury or camplication which caused		hord Culture a	yn a rome	
	(B)			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if or rise to the above cause (A)				
UNDERLYING CONDITION last.	siding the (C)			
11				
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE			
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PERF			IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?		,, ,
U	GIC.			
OF INJURY (Month) (Doy) (Yeor)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
₹ (APPROX.)	While At Not Wh			
20 1 11 11 11 11 11			15	0/1.
22. I certify that (I) (this hospital)	a	110 1 -	965 10	9/11 196
that (n) (we) last saw the decease	d alive on	11 19 6 5 and the	t In (my) (aur) apin	ian death occurred an th
and haur and from the causes state	ed above. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	4	,		23B. DATE SIGNED
116 1th 1. Va		Hending Med.	Stoff 7	9/11/1-
a Comovie	T Ph	ys. Director	Phy s.	1/11/63
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		' '
V	M.D			
24A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. LO	CATION (City	, town, or county) (Si
REMOVAL (Specify)	- 11 1 210	1 0.	1-11-0	111
BURIA1. 4-14-6	S MEADOWRIDE		17/40 Re	174.
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1.0	ADDRESS
SEP 16 1965 () C.	of E. tarbunia	n Rigaria 1	rold la	lowing.
VS 150-REV. 1/1/65	7 10 10 10	9416 6 19	4 1-1	17

29/10/2 washing me your make inquest about bype place of Lungs



	00 0	1400	BALTIMORE CITY	HEALTH DEPARTMEN	IT	5 0400
BIRTH NO.	65	1430	CERTIFICA	TE OF DEAT	H Registered No.	0 3436
M.E. CASE NO.	ED		0		E AND HOUR OF DEATH	
(Type at Print)		~				
	Armstr	ong, C	Lara	Sep	tember 14, 19	65 6:30 a N stitution: residence before admission)
PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	(Where deceased lived, If in	stitution; residence before admission
FILL MANE OF	01 4 1 -11		STORY THE			-10
FULL NAME OF HOSPITAL OR	(If not in hospital address ar location		give stieet	Mary	land (If outside city limits, write F	000
INSTITUTION	Provident	Hanni	+ - 1			(OKAL and give township)
.0	Provident				imore	
34	1514 Divi			D. STREET ADDRESS	(If rural, give location)	
	Baltimore	, Mary	land 21217	1112	N. Parrish S	treet
• SEX 6.	RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs Months! Doys Hours Min.
Famala	7/1		D, DIVORCED (specify)		last birthday)	Months Doys Hours Min.
Female	Negro	unkn		Oct. 10,190	3 62	
	ting life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ting the, even it tellies;					
3. FATHER'S NAME		un	known	Mississi	ppi	U.S.A.
" FAIHERS NAME				14. MOTHER'S MAIDEN	NAME	
unknown				unknown		
	er in U. S. Armed Fore	es?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknawn) (If	yes, give wor or dote	s of service)	SECURITY NO.			ADDITED!
				Susan White	-daughter	Same
18. / 7	7 1		CAUSE O	1		INTERVAL BETWEEN
place a col	OF COMPLETON PIE					ONSET AND DEATH
	OR CONDITION DIR	ECILY	m	and Commission	we of the left	_
	meon the mode of	duine on	(A) Term.	that carcino	ma of the lef	C
	henio, etc. It meons			-+		
	cotion which coused		Diea	56.		
AN'	TECEDENT CAUSES		(B)		VV 0 0 V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	~~~~~
DISEASES OF	CONDITIONS IS		DUE TO			
	CONDITIONS, if obove couse (A)		(6)			Marie V. Land
	ONDITION lost.	oroning in	(6)		=== ara= aaaaraaaa wa waaaaa aa aa aa aa aa aa aa aa a	
	- 11					
Z OTHER SIGNIFIC	ANT COMPITIONS C	ONTRIBLITIAL	•			
I TO THE DEAT	ANT CONDITIONS C	TED TO TH				
DISEASE OR CO	NDITION CAUSING I					
19A. DATE OF OF	PERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No.) 208. IF YES, WERE F	FINDINGS CONSIDERED
19A. DATE OF OP				no		oses of beatt.
J 21A. ACCIDENT	WAS UNDERLYING OF	21 B.	PLACE OF INJURY (e.g., in	ar about 21 C. WHERE D	ID (If in Baltimare	City, give exact lacation)
DEATH (notify me	edical examined	ham etc.	ne, form, factary, street, a	hee bidg., INJURY OCCU	R?	
)						
OF IN HIPY	Nonth) (Doy) (Year)	(Haur) 21E.	INJURY OCCURRED	21 F. HOW DIE	NJURY OCCUR?	
(APPROX.)		Whi	ile At Nat Whil	е		
		Wa				
22. I certify the	at (1) (this hospital) attended ti	he deceased from Se	ptember 13,	19 65 to Septe	ember 14, 1965
that (I) (we) los	st sow the decease	d olive on S	September 14.	19 65	ad that in (my) (aur) anis	nian death accurred an the dat
						man deam decorred an me da
	am the causes stat	ed above. (I	l) (We) (did) (did not) v	iew the bady after de	ath.	
23A. SIGNATURE						23B. DATE SIGNED
A (=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ma.	M.D. Atte	ending Med.	Stoff	21 200
DO 0	- alam	Tirac	onday Phy	d'h	Phys	September 14,196
PHYSICIAM'S NAME (Type)			()	23D. ADDRESS		
	Gulam Moond	lav	M.D.	1514 Divisio	n Street - Ba	ltimore, Marylan
4A. BURIAL CREMA			AME of CEMETERY of CRI			
REMOVAL (Spec		24C. N	PINTE OF CENTERES OF CKI	24		
Runial	0/10/	LE 30	h 0-3 0			Md
Burial 5A. DATE REC'D BY	HEALTH DEPT.	25B. NAME	t Calvary Cer	25C. FUNERAL DIPE	CTOR	ADDRESS
CED 1 C	1965 00	C F	Inley B. I	Adolahus	Halstead 1206	W North Ave
OFL YO	1000 Holsen	D C 7 10		Adotpilas	A DOOR TOO	
'S 150-REV. 1/1/65				0 0	7	



cause

IMPORTANT

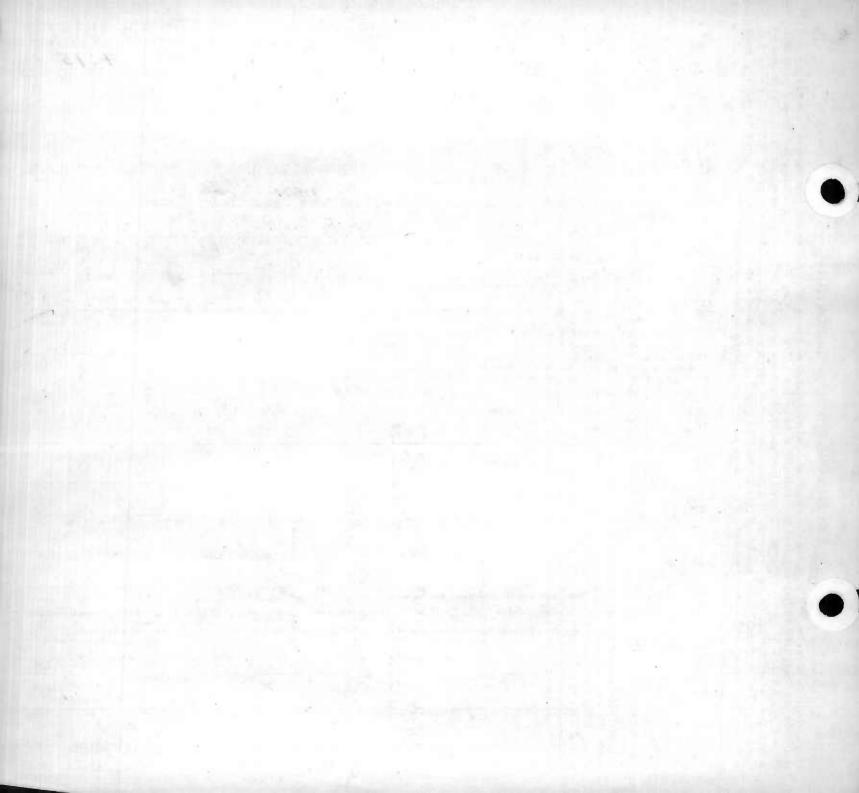
DIRECTOR:

FUNERAL

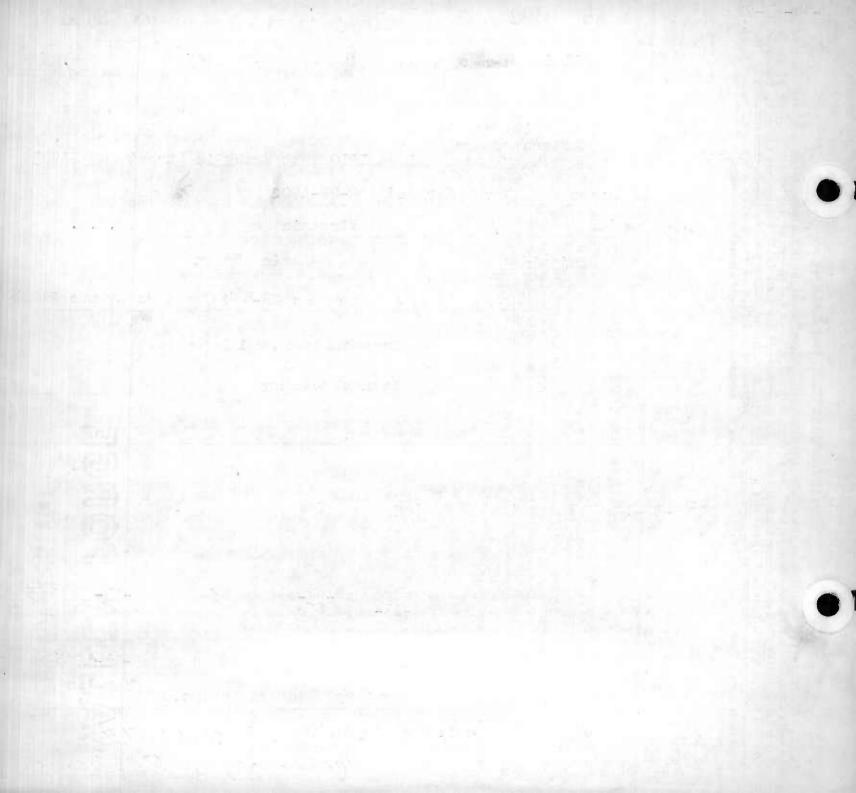
hospital

body

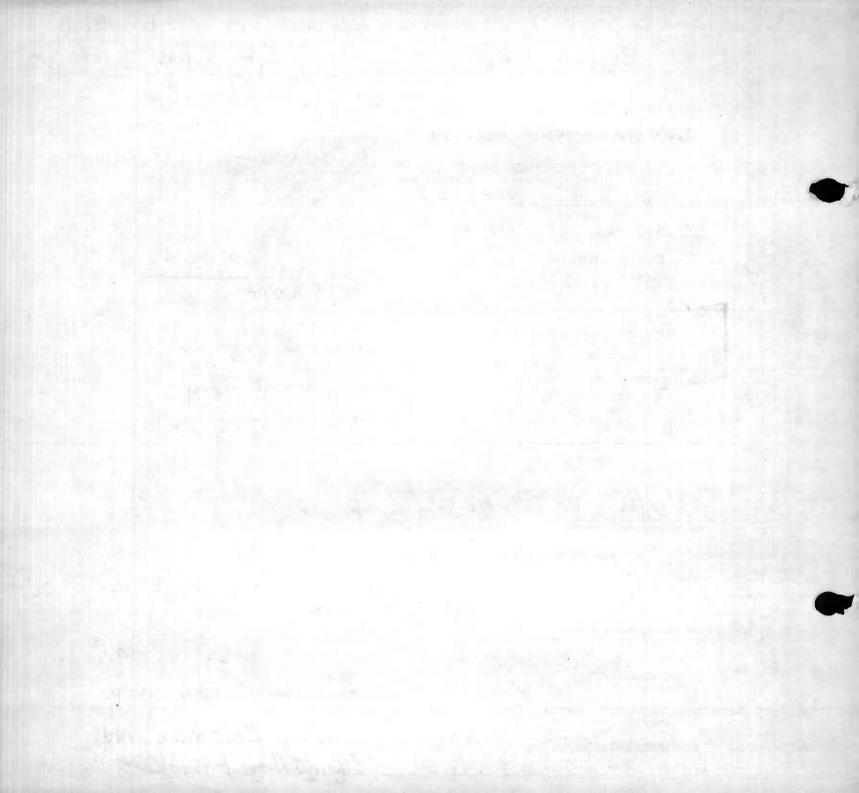
VS 150-REV. 1/1/65



AB-44-53-72 - 4/2=825	BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No.
death death n the Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
- 000 -	Wille Stewart Henley 9-13-1909 7.42 PA
of of ce	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY Maryland A USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY Maryland
a hos cause se; (5)	HOSPITAL OR oddress or location
n a cau use; tend	Baltimore City Hospitals Baltimore
l in a l ng cau cause; attend	2 4940 Eastern Avenue D. STREET ADDRESS (If jurol, give locotion)
ed in ting d cat r att prior	Baltimore Maryland 21224 1610 West Franklin Street 21223
F 3 0 0	
th occurred in contributing letermined cain regular affecased prior	Male Negro Never Married 9-22-1902 62
th co ete	
or c in dec	LANDONOR Blodg Supply Virginia U.S.A.
p + ⊃ g o	13. FATHER'S NAME
ant if d direct d; (4) U ath wa	done during most of working life, even if retired) An onther Benjamin Henrey Rosie Brown
TAN istant he di kind; death ce on	110. Was Deceased Ever in U. S. Armed Forces: 110. SUCIAL 11/. INFORMANT
assistant if the dillipy kind; and death ance on	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 2/3-07-0603 Records: BCH-1+940 Eastern Avenue 2122)
IMPORTAN or his assistant Also, if the di s of any kind; ounced death	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
R: IMPO ner or his as er. Also, if cture of any pronounced lar attenda	DISTACE ON FOMDITION DIRECTLY
Also e of	LEADING TO DEATH (This does not mean the made of dying, e.g., healt failure, asthemic, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES (B) Lower GI Bleeding
0 - 2 - 0	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,
miner fracture pron	injury at camplication which caused death.)
O in in a b	ANTECEDENT CAUSES (B) Lower GI Bleeding
ECTC exami xami xami who	DISEASES OR CONDITIONS, if ony, giving
₩ º ô € . E	rise to the obove cause (A) stating the (C)
We sign	UNDERLYING CONDITION loss. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
FUNERA ne chief me by a mec 2) Body bu re the phy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	To 10-10-5 Intestinal Bleeding Ies Ies U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) OCCUR?
6 4 4 6 6 d	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At At Work
A C 0 D	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work 22. I certify that (I) (this haspital) attended the deceased from 8-24- 19 65 to 9-13- 19 65
proved the hos any natu (except and (6)	22. I certify that (I) (this hospital) attended the deceased from 8-24- 19 65 to 9-13- 19 65
000.	that (1) (we) last saw the deceased alive an 9-13- 19 02 and that in (my) (aur) apinion death accurred on the dat
9 2 0 立 七	<u> </u>
se se più	ond haur and from the couses stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
must eleas cide hos to d	M.D. Attending Med. Stott
E	S I I I I I I I I I I I I I I I I I I I
certificate sody was r s: (1) An a D.O.A. at a	Donald Baltzan Maryland 4940 Eastern Avenue, Baltimore, 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote)
d A b	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
s: (O.O.	KEMOVAI (Specify)
s by s	25A, DATE REC'D BY HEALTH DEPT 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This certil the body shows: (1) was D.O.	SEP 16 1965 P. D. B. J. B.
	VS 150-BEV 1/1/65



		65 949	9	BALTIMORE CITY	HEALTH DEPARTME	X	
10-11	H NO.	00 010		CERTIFICA	TE OF DEAT	TH Registered Na.	5 9499
1. N	AME OF DECEAS		110-		2. DA	ATE AND HOUR OF DEATH	111-
	1	EDWARD	KNOP	F		Sept. 15, 1965	1:40 P.M.
3. P	LACE OF DEATH	IN BALTIMORE, MAR	YLAND /		A. STATE B.	E (Where deceased lived, If institution COUNTY	ion: residence before admission)
1	ULL NAME OF	(If nat in haspital o oddress or lacotion)	r institution, s	give street		RANDALISTOWN MI	L and give township)
1	MARY L	and GEN	Ho	SPITAL	D. STREET ADDRESS	(If rural, give location)	N 53-00
-	0					ERRIOTES VILLE RO:	, RANDALLSTOWN MD
	M	W	WIDOWED	NEVER MARRIED D, DIVORCED (specify) RRIE d	10/22/05	last birthday) Ma	Under 1 Yr. If Under 24 Hrs. Inthis Days Hours Min.
		TION (Give kind of work) king life, even if retired)	08. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State	ar foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	CARPENT	_	AET	IRED CAMENTER	MARYCA	and	U.S.A.
	FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME	
	EMI	L KNOPF			LOUISE	NUNAMAKER	
15. Y	Was Deceased Ev	er in U. S. Armed Farc yes, give war ar dates	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT MA	s. DENJAMIN VECCHIO	VE ADDRESS
	1/2	, 53, give war at 20100	01 00111001	218-14-5121	PAHOHA	12P+ BUX 341	MERRIOTTSUILLE M
	18. 420	/ 1		CAUSE OI	DEATH	1007 - 77	INTERVAL BETWEEN
	DISEASE	OR CONDITION DIRE	CTLY				ONSET AND DEATH
		ADING TO DEATH		(A) M	40 cardial) Sufarction	*************************************
	heart failure, ast	mean the made of henia, etc. It means	he disease,	DUE TO		V	
		calion which caused	death.)	m Con	mary des	ufficience.	
		TECEDENT CAUSES		DUE TO			## 8 ** u u u 00 0 0 * 0 u u 0 00 00 ** 0 0 00 00 00 00 00 00 00 00
		CONDITIONS, if a above cause (A)		(c) G	rferiosch	erons	
		CONDITION last.		***************************************	······································	M	**************************************
TION	TO THE DEAT	ANT CONDITIONS CO	ED TO TH				
ICA	19A. DATE OF OF		ITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 20B, IF YES, WERE FIND	INGS CONSIDERED
ERTIFI	19/12/6	WAS PERFO	os verel	ic Gengrene.	1/1 1/0	IN CERTIFYING CAUSES	OF DEATH?
CAL CE	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DECICAL EXAMINED	21 B, ham etc,)	PLACE OF INJAURY (e.g., in e, farm, foctory, street, of	ar bout 21 C. WHERE	DID (If in Baltimare City CUR?	y, give exact location)
EDIC		Aanth) (Doy) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
\$	(APPROX.)		Whi	ile At Nat While			
	22 Logarify the	at (I) (this haspital)		-	1. 1	1965 to Sept.	15 1065
		st saw the deceased		Seat. 15	1965	and that in (my) (aur) apinion	dooth assured as the date
				\ /W-\ /44 \ / 44 1			dearn accurred an the date
	23A. SIGNATURE	on the causes state	d above. (I) (We) (did) (did nat) v	iew the body after d		DATE SIGNED
		bee X.	le	CONO M.D. Atte	nding Med.	Stoff	9/15/2
	23C. PHYSICIAN'S	7		Phys	Director	Phys.	11-12
	NAME (Type		ARRU	ND.	MARYLA	WD GEN, H	HOSP.
246	BILDIAL CREAMA	TION, 248. DATE	124C NA	AME of CEMETERY of CRE			
1	REMOVAL Spec	ify)	/	STATE OF CENTERED OF CRE	1 +	R 11	wn, ar county) (State)
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